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OHIO PEACE OFFICER TRAINING COMMISSION
STUDENT EVALUATION RECORD

SCHOOL NAME _____ **SCHOOL #** _____ **DATES: FROM:** _____ **TO** _____

STUDENT NAME (Last, First, M.I.)	SUBJECT CONTROL	FIRST AID/ CPR	BODY SEARCH	REPORT WRITING	TRANSPORT OF PRISONERS	NOTEBOOK	TOTAL % OF OPOTC NON-MANDATORY HOURS MISSED	**FOR OPOTC USE ONLY** **EXAM %**

Indicate **S**atisfactory/**U**nsatisfactory/**NA**

_____ _____
SCHOOL COMMANDER SIGNATURE DATE

NO STAMPS/ORIGINAL SIGNATURE ONLY