



Ohio Peace Officer Training Commission  
Office 800-346-7682

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

**Student Evaluation Record**  
Curriculum Code PSA-041

**School Name** \_\_\_\_\_ **School Number** \_\_\_\_\_ **Dates: Start:** \_\_\_\_\_ **to:** \_\_\_\_\_

Student Name (Last, First, Middle)	Firearms *(S/U/NA)	First Aid/CPR/AED *(S/U)	Subject Control Techniques *(S/U)	Incident Command System *(S/U)	National Incident Management System *(S/U)	Notebook *(S/U)	Total % of hours missed	<b>For OPOTC use only</b>	
								Exam Initial	% Retest

\*Satisfactory/Unsatisfactory/Not Applicable

\_\_\_\_\_  
Commander Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commander Name (Typed)