Evaluation Sheet

Scenario # _____

Student Name: _____ Date: _____ Time: _____

Agency: _____ Exercise Controller: _____

Equipment Check

Firearm ☐ Chemical ☐ Impact ☐ TASER ☐ Handcuffs ☐ Radio ☐ Flashlight ☐

Body Armor ☐ Head Armor ☐ Neck Armor ☐ Hand Armor ☐ Groin Armor ☐ Skin ☐

Specialized Equipment: _____ Specialized Equipment: _____

Final Preparation

Final Briefing ☐ Questions/Concerns ☐ Staff Check ☐ "T" Check ☐

Dispatch Directions Or Situation Explanation

Performance Activities	Complete	Incomplete
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Student Signature: _____ XCO Signature: _____