

HANDS-ON EVALUATION		DATE	
For use of this form, see STP 11-25S14-SM-TG; the proponent agency is TRADOC.			
TASK TITLE		TASK NUMBER	
ITEM a	PERFORMANCE STEP TITLE b	SCORE (Check One)	
		PASS c	FAIL d
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
		<input type="checkbox"/> P	<input type="checkbox"/> F
EVALUATOR'S NAME		UNIT	
SOLDIER'S NAME		STATUS <input type="checkbox"/> GO <input type="checkbox"/> NO GO	