



Florida Department of
Law Enforcement

TRAINING SCHOOL CONTACT REPORT

Incorporated by Reference in Rule 11B-21.019, F.A.C.



**CJSTC
200**

NOTE: The Training Center Director or Coordinator's signature is required on all non-compliance reports.

Training School: _____ Region: _____

Field Specialist: _____ Date: _____ Time: _____

Purpose of Contact: Monitor Course ☐ Facility Inspection ☐ Other _____

Monitor Course Number: _____ LE ☐ COR ☐ CPO ☐ High Liability ☐ General ☐

Course Type: Basic ☐ Advanced ☐ Specialized ☐ Course Title _____

Instructor Name (List Rangemaster on Line Number One)	Social Security Number	In Compliance?		Expiration Year: All Certifications Expire March 31st
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Instructor Evaluation(s): Y=Yes N=No N/O=Not observed

	Yes	No	N/O		Yes	No	N/O
Checks attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilitates scenarios correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verifies students have their required equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates procedures properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows CJSTC rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides for practice; assists students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses required or optional handouts, videos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assesses students; gives correct feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitates student-led exercises correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stops misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows goals and objectives or instructor led instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate verbal and non-verbal language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of Students: _____ Instructor or Student Ratio Met? Yes ☐ No ☐ N/A ☐

In Compliance: ☐ Non-Compliance (Comments required) ☐ Corrected on Site ☐ Rule Reference: _____ F.A.C.

FACILITY INSPECTION (Appropriate inspection form must be attached)

Firing Range ☐ Driving Facility ☐ Defensive Tactics ☐ Classroom ☐ Staffing ☐ First Aid Instructional Requirements ☐

In Compliance ☐ Non-Compliance (Comments Required) ☐ Corrected on Site ☐ Rule Reference: _____ F.A.C.

Comments: _____

OTHER (To be used when other non-compliance issues are noted) Corrected on Site ☐

Rule Reference: _____ Issue: _____

Comments (If non-compliance, enter comments): _____

Field Specialist's Signature: _____ Date: _____

Training Center Director or Coordinator or Instructor Signature: _____ Date: _____