Agency: _____

BASIC COURSE FOR SPECIAL LAW ENFORCEMENT OFFICERS CLASS II

TRAINEE NAME: _____ SOCIAL SECURITY NUMBER: _____ Agency: _____

Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)	Performance Objectives	Instructor Name (Print)	Initials (Sign)
15.1.1			15.1.31			15.1.57		
15.1.2			15.1.32			15.1.58		
15.1.3			15.1.33			15.1.59		
15.1.4			15.1.34			15.1.60		
15.1.5			15.1.35			15.1.61		
15.1.6			15.1.36			15.1.62		
15.1.7			15.1.37			15.1.63		
15.1.8			15.1.38			15.1.64		
15.1.9			15.1.39			15.1.65		
15.1.10			15.1.40			15.1.66		
15.1.11			15.1.41			15.1.67		
15.1.12			15.1.42			15.1.68		
15.1.13			15.1.43					
15.1.14			15.1.44			15.1.70		
15.1.15			15.1.45			15.1.71		
15.1.16			15.1.46			15.1.72		
			15.1.47			15.1.73		
15.1.23A			15.1.48			15.1.74		
15.1.23B			15.1.49			15.1.75		
15.1.24			15.1.50			15.1.76		
15.1.25			15.1.51			15.1.77		
15.1.26			15.1.52					
15.1.27			15.1.53					
15.1.28			15.1.54					
15.1.29			15.1.55					
15.1.30			15.1.56					

I certify that this record is complete, and that all performance objectives have been taught.

Agency CEO -Printed Name	Signature	Rank/Title	Date
_____	_____	_____	_____

(Rev. 01/01/16)