

UNIT PRE-EXECUTION CHECKLIST

(For use of this form, see TRADOC Regulation 350-18; Proponent is TRADOC G-3/5/7, TOMA)

Fillable form; may be printed and signed manually.

1. NAME:

2. UNIT:

3. COURSE TITLE:

4. REPORT DATE:

Supervisor's Initials	Soldier's Initials	PART I- UNIT PRE-EXECUTION (Day-90 to Day-1)
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Coordination between unit and school to identify the Soldier by name and reservation status?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier in receipt of read ahead packet, school/course information, and graduation requirements?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier completed prerequisite course/testing? (DA Form 1059 or other completion document)
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	All required clothing/equipment in accordance with school/course information packet?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier meets physical readiness standards of AR 350-1? (APFT within 60 days)
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier meets height/weight and body composition standards of AR 600-9?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier has Government Travel Card or adequate cash/traveler checks?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Individual orders received (10 copies)?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier has current periodic health assessment (PHA) and dental exam?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier meets physical qualifications for special skills as specified in AR 40-501?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier meets remaining Time in Service (TIS) requirement?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Transportation verified/DTS approved?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier has current/valid identification card?
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<input style="width: 80%; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>	Soldier has ID tags (1 pair)?
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Unit POC List:

Phone Number with Area Code

CDR Office: Other:

1SG Office: Other:

FTM Office: Other:

Unit Fax:

1SG Email:

CSM Email:

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA				
	CL	CO	EL	FA	GM	CL	CO	EL	FA	GM
Minimum Aptitude Score (if applicable)	<input type="text"/>									
	GT	MM	OF	SC	ST	GT	MM	OF	SC	ST
	<input type="text"/>									

Key: CL-Clerical/ADMIN; CO-Combat/CMBT; EL-Electronic/ELEC; FA-Field Artillery/FA; GM-General Maintenance/MAINT; GT-General Technical/GT; MM-Mechanical Maintenance/MECH; OF-Operators & Food/FOOD; SC-Surveillance & Communication/COMM; ST-Skilled Technical/TECH

Physical demand rating/profile (PULHES) *See Part III for PT profiles	P	U	L	H	E	S	P	U	L	H	E	S
		<input type="text"/>										

Key: P- Physical capacity/stamina; U- Upper extremities; L- Lower extremities; H- Hearing/ear; E- Eyes; S- Psychiatric

Military and civilian vehicle operator license(s) (if applicable):

Military license number: Expiration date:

Civilian license number: Expiration date: State:

PART III - REQUIRED DOCUMENTS

Security clearance (if applicable, attach as required)

*Permanent profile attendees must have a signed copy of completed DA Form 3349; must include Army doctor-approved alternate aerobic event for APFT. Provide results of medical retention board (if applicable).

All required waivers (if applicable)

Other requirements (if applicable)

Other requirements of DA PAM 611-21 not previously listed:

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature:

I have reviewed the above Soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

Commanding Officer (typed name):

Commanding Officer's Signature: