RESCUE SYSTEMS INSTRUCTOR CHECKLIST

Please complete and initial each item.
Include with the class when returning.

		Number of Students	Instructor's Initials
	COURSE MATERIALS		
1	Copy of the REQUEST FOR COURSE SCHEDULING form	------	
2	Completed ROSTER ▪ Cross out any student that did ***not*** complete the course or pay the registration fee.		
3	Completed SCANTRONS (Green) ▪ Each student's name, address, and complete social security number (or SFT ID) must be listed and "bubbled-in" correctly (*pencil only*). ▪ Forms are **alphabetized** by last name.		
4	Completed COURSE EVALUATIONS		
5	How many Assistant Instructor/Skills Evaluators participated in this class? (please list names in the box below)		

Please explain any irregularities, deviations, or special handling requests you may have with this class.

Classes must be returned **within fifteen (15) days** after course completion. Ship all materials using a carrier that can track your shipment to:

State Fire Training Bookstore
1131 S Street
Sacramento CA 95811