

# CMS DEFENSIVE TACTICS PERFORMANCE EVALUATION

Incorporated by Reference in Rule 11B-35.0024(3)(a)2., F.A.C.



## CJSTC-6 CMS

1. TRAINING SCHOOL NAME: \_\_\_\_\_ 2. CLASS NUMBER: \_\_\_\_\_

3. STUDENT'S PRINTED NAME: \_\_\_\_\_ 4. STUDENT'S IDENTIFICATION NUMBER: \_\_\_\_\_

5. THE STUDENT IS A: BASIC RECRUIT STUDENT  OR INSTRUCTOR STUDENT

6. CHEMICAL AGENT CONTAMINATION FOR BASIC RECRUIT STUDENTS ONLY:

Indicate that the student has been contaminated by the chemical agent oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS) and performed the required defensive tactics techniques assigned by the instructor, pursuant to Rule 11B-35.0024(3)(a)3., F.A.C., and the Basic Recruit Training Instructor Guide.  YES. DATE OF CONTAMINATION: \_\_\_\_\_

7. BASIC RECRUIT STUDENT PERFORMANCE REQUIREMENTS AND RETEST:

- **DEMONSTRATION OF PROFICIENCY:** Once testing on a proficiency has begun, no additional training, assistance, or practice is allowed on that proficiency. A basic recruit student shall exhibit the appropriate stances and the principles of presence and relative positioning in the execution of the required defensive tactics techniques. A basic recruit student shall demonstrate 100% proficiency of all minimum required techniques in all categories listed in section I. to pass the performance portion of the CMS Criminal Justice Defensive Tactics Course. The minimum number of required techniques for law enforcement and correctional probation is 28 and the minimum number of required techniques for correctional is 29.

- **WRITTEN END-OF-COURSE EXAMINATION:** A basic recruit student shall achieve a score of no less than 80% on the required written end-of-course examination.

- **RETEST:** A basic recruit student shall be given the opportunity for one additional attempt at the required demonstration of defensive tactics proficiencies **or** one re-examination of the required written end-of-course examination for the CMS Criminal Justice Defensive Tactics Course, but not both.

A basic recruit student, who has failed to pass the required written end-of-course examination or the required demonstration of proficiency after a second attempt shall be deemed to have failed the CMS Criminal Justice Defensive Tactics Course.

- **REMEDIAL PLAN ATTACHED:** YES

If a basic recruit student was not successful in the first attempt to demonstrate the required proficiencies, attach a remediation plan. Student retesting shall be documented on this form. The basic recruit student is only required to retest in the proficiency requirements failed.

8. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS:

- **DEMONSTRATION OF PROFICIENCY:** Once testing on a proficiency has begun, no additional training, assistance, or practice is allowed on that proficiency. An instructor student shall demonstrate all the defensive tactics techniques listed on this form (all techniques listed in sections I. and II.) at 100% accuracy with the results recorded on this form. Appropriate stance and the principles of presence and relative positioning shall be exhibited in the execution of the techniques. No retest is allowed.

- **WRITTEN END-OF-COURSE EXAMINATION:** An instructor student shall achieve a minimum score of no less than 85% on the written end-of-course examination. No retest is allowed.

An instructor student who fails either the written end-of-course examination or demonstration of proficiency on the first attempt shall be deemed to have failed the CMS Defensive Tactics Instructor Course.

9. **INSTRUCTOR TO STUDENT RATIO:** For instruction of the CMS Criminal Justice Defensive Tactics Course or the CMS Defensive Tactics Instructor Course, there shall be one lead defensive tactics instructor that shall be counted in the instructor to student ratio of one Commission-certified Defensive Tactics Instructor for every eight students actively engaged in defensive tactics. **Actively engaged** is defined as "a student engaged in the practical performance of any one of the approved defensive tactics techniques."

10. DEFENSIVE TACTICS DEMONSTRATION:    FIRST ATTEMPT:    PASS     OR    FAIL   
   SECOND ATTEMPT:    PASS     OR    FAIL

11. WRITTEN END-OF-COURSE EXAMINATION:    FIRST ATTEMPT:    PASS     OR    FAIL   
   RETEST:    PASS     OR    FAIL

12. FAILURE OF COURSE:

- The basic recruit student has failed the CMS Criminal Justice Defensive Tactics Course.
- The instructor student has failed the CMS Defensive Tactics Instructor Course.

13. STUDENT'S SIGNATURE: \_\_\_\_\_ 14. DATE: \_\_\_\_\_

15. LEAD INSTRUCTOR'S PRINTED NAME: \_\_\_\_\_

16. AGENCY ADMINISTRATOR, TRAINING CENTER DIRECTOR, OR DESIGNEE'S PRINTED NAME: \_\_\_\_\_

17. AGENCY ADMINISTRATOR, TRAINING CENTER DIRECTOR, OR DESIGNEE'S SIGNATURE: \_\_\_\_\_

18. DATE EVALUATION COMPLETED: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Agency or Training School: \_\_\_\_\_

Class Number: \_\_\_\_\_

- DEFENSIVE TACTICS TECHNIQUES.** In advance of the performance evaluation and proficiency testing, the training center director or designee shall prepare form CJSTC-6 CMS to be used in the basic recruit class by identifying techniques to be tested that are not already marked on the form as "mandatory" and necessary to comply with the designated minimum number of techniques (law enforcement and correctional probation 28 and correctional 29). Section II. of this form does not need to be completed for basic recruit classes. The training center director or designee may also identify additional techniques on form CJSTC-6-CMS beyond the required minimum that may also be taught and tested. The additional techniques shall not count against the student's pass/fail of the course.
- EVALUATION.** For each group of techniques evaluated, the instructor shall print and initial his or her name by the performance(s) he or she observes and rates, and record the date of the student's evaluation. Use the "comments" section to note any deficiencies in the student's performance or remediation required. Be specific when making comments, and advise the student where improvement is necessary to achieve a passing score. If the same instructor evaluates exercises listed back-to-back on this form, the instructor is permitted to sign the Evaluator's Name and Initials line for the first exercise, and then draw an arrow down through the subsequent exercises.

**I. BASIC RECRUIT STUDENT PERFORMANCE REQUIREMENTS**

PRESSURE POINTS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF ONE TECHNIQUE (MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input type="checkbox"/> Under the Jaw					<u>First Attempt Evaluator's Name and Initials</u>  <u>Second Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Hollow behind the Ear					
<input type="checkbox"/> Hollow behind the Collarbone					
<input type="checkbox"/> Elbow under the Shoulder Blade					
ESCORT AND TRANSPORTERS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE THE ESCORT POSITION AND A MINIMUM OF ONE TRANSPORTER (MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input checked="" type="checkbox"/> Escort Position (MANDATORY)					<u>First Attempt Evaluator's Name and Initials</u>  <u>Second Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Hammer Lock Transporter					
<input type="checkbox"/> Shoulder Lock Transporter					
RESTRAINT DEVICES	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE THE APPLICATION AND REMOVAL OF A MINIMUM OF ONE TECHNIQUE (MATS ARE OPTIONAL)</b> <b>CORRECTIONAL STUDENTS SHALL ALSO DEMONSTRATE THE APPLICATION AND REMOVAL OF LEG IRONS</b>					<u>Comments</u>
<input type="checkbox"/> Standing Handcuffing (to include double locking and unlocking)					<u>First Attempt Evaluator's Name and Initials</u>  <u>Second Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Kneeling Handcuffing (to include double locking and unlocking)					
<input type="checkbox"/> Prone Handcuffing (to include double locking and unlocking)					
<input type="checkbox"/> Waist Chains					
<input checked="" type="checkbox"/> Leg Restraints (MANDATORY FOR CO ONLY)					
<input type="checkbox"/> Flexible Cuffs					
<input type="checkbox"/> Flexible Leg Restraints					
FRISKS AND SEARCHES	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE PAT DOWN AND A MINIMUM OF ONE OTHER TECHNIQUE (MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input checked="" type="checkbox"/> Pat Down (MANDATORY)					<u>First Attempt Evaluator's Name and Initials</u>  <u>Second Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Custodial Search					
<input type="checkbox"/> Inmate Clothed Search					

BLOCKS AND STRIKES	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE ALL BLOCKS AND A MINIMUM OF FIVE STRIKING TECHNIQUES (MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input checked="" type="checkbox"/> Upper-Area Block (MANDATORY)					
<input checked="" type="checkbox"/> Mid-Area Block (MANDATORY)					
<input type="checkbox"/> Palm Heel Strike					
<input type="checkbox"/> Punches					
<input type="checkbox"/> Hammer Fist Strike					
<input type="checkbox"/> Backfist Strike					
<input type="checkbox"/> Elbow Strike					
<input type="checkbox"/> Knee Strike					First Attempt Evaluator's Name and Initials
<input type="checkbox"/> Front Kick					
<input type="checkbox"/> Angle Kick					Second Attempt Evaluator's Name and Initials
TAKEDOWNS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES (MATS ARE REQUIRED)</b>					<u>Comments</u>
<input type="checkbox"/> Straight Arm Takedown					
<input type="checkbox"/> Hammer Lock Takedown					
<input type="checkbox"/> Shoulder Lock Takedown					
<input type="checkbox"/> Rear Takedown					
<input type="checkbox"/> Front Takedown					First Attempt Evaluator's Name and Initials
<input type="checkbox"/> Hip Roll					Second Attempt Evaluator's Name and Initials
UPRIGHT GRAPPLING AND BODY HOLD ESCAPES	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF THREE TECHNIQUES (MATS ARE REQUIRED)</b>					<u>Comments</u>
<input type="checkbox"/> Defend and Escape from a Front Chokehold					
<input type="checkbox"/> Defend and Escape from a Rear Chokehold					
<input type="checkbox"/> Escape from Front Body Hold over/under Arms					
<input type="checkbox"/> Escape from Rear Body Hold over/under Arms					
<input type="checkbox"/> Escape from Side Headlock					First Attempt Evaluator's Name and Initials
<input type="checkbox"/> Escape from Front Headlock					
<input type="checkbox"/> Escape from Front Football Tackle					Second Attempt Evaluator's Name and Initials
VASCULAR NECK RESTRAINTS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>(MATS ARE REQUIRED)</b>					<u>Comments</u>
<input type="checkbox"/> Standard Vascular Neck Restraint (OPTIONAL)					
					First Attempt Evaluator's Name and Initials
					Second Attempt Evaluator's Name and Initials

GROUND CONTROL	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF SEVEN TECHNIQUES (MATS ARE REQUIRED)</b>					<u>Comments</u>
<input checked="" type="checkbox"/> Ground Defense Position (MANDATORY)					<u>First Attempt Evaluator's Name and Initials</u>
<input checked="" type="checkbox"/> Guard Stall (MANDATORY)					
<input checked="" type="checkbox"/> Guard Break (MANDATORY)					
<input checked="" type="checkbox"/> Defend and Escape from Side Control (MANDATORY)					
<input checked="" type="checkbox"/> Full Mount Stall (MANDATORY)					
<input type="checkbox"/> Bridge and Roll					
<input type="checkbox"/> Elbow Escape					
<input checked="" type="checkbox"/> Defend and Escape from Rear Mount (MANDATORY)					<u>Second Attempt Evaluator's Name and Initials</u>
IMPACT WEAPONS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>(MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input type="checkbox"/> Impact Weapon Thrust (OPTIONAL)					<u>First Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Impact Weapon Swing (OPTIONAL)					
<input type="checkbox"/> Impact Weapon Block (OPTIONAL)					
					<u>Second Attempt Evaluator's Name and Initials</u>
WEAPON RETENTION	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES (MATS ARE OPTIONAL)</b>					<u>Comments</u>
<input type="checkbox"/> Holstered Intermediate Weapon Retention					<u>First Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Drawn Baton Retention					
<input type="checkbox"/> Holstered Handgun Retention					
<input type="checkbox"/> Drawn Handgun Retention					
					<u>Second Attempt Evaluator's Name and Initials</u>
DEFENSE AGAINST EDGED WEAPONS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>DEMONSTRATE A MINIMUM OF ONE TECHNIQUE (MATS ARE REQUIRED)</b>					<u>Comments</u>
<input type="checkbox"/> Redirection (1)					<u>First Attempt Evaluator's Name and Initials</u>
<input type="checkbox"/> Redirection (2)					
<input type="checkbox"/> Defense Against and Overhead Stab or Forehand Slash					
					<u>Second Attempt Evaluator's Name and Initials</u>

## II. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS

<b>WARMUP/FALLS</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE REQUIRED)</b>	<u>Comments</u>
<input type="checkbox"/> Front Fall			_____ Evaluator's Name and Initials
<input type="checkbox"/> Rear Fall			
<input type="checkbox"/> Side Fall			
<input type="checkbox"/> Foundation			
<input type="checkbox"/> Recover to the Standing Position			
<input type="checkbox"/> Hip Escapes			
<b>THREAT ASSESSMENT</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE OPTIONAL)</b>	<u>Comments</u>
<input type="checkbox"/> Interview Stance			_____ Evaluator's Name and Initials
<input type="checkbox"/> Offensive Ready Stance			
<input type="checkbox"/> Relative Positioning (to include reactionary gap, danger zone, and body movement)			
<input type="checkbox"/> Hand Clearing			
<input type="checkbox"/> Evasion			
<input type="checkbox"/> Redirection			
<b>RESTRAINT DEVICES</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE OPTIONAL)</b>	<u>Comments</u>
<input type="checkbox"/> Three-Point Pin			_____ Evaluator's Name and Initials
<input type="checkbox"/> Removing Handcuffs			
<input type="checkbox"/> Removing Flexible Cuffs			
<b>UPRIGHT GRAPPLING AND BODY HOLD ESCAPES</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE REQUIRED)</b>	<u>Comments</u>
<input type="checkbox"/> Arm Drag			_____ Evaluator's Name and Initials
<input type="checkbox"/> Pummeling			
<input type="checkbox"/> Clinch			
<input type="checkbox"/> Sprawl			
<input type="checkbox"/> Head Butt			
<input type="checkbox"/> Foot Stomp			
<input type="checkbox"/> Shin Scrape			
<b>GROUND CONTROL</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE REQUIRED)</b>	<u>Comments</u>
<input type="checkbox"/> Guard			_____ Evaluator's Name and Initials
<input type="checkbox"/> Side Control			
<input type="checkbox"/> Full Mount			
<b>HANDGUN DEFENSE</b>	DATE OF ATTEMPT:		<b>EVALUATION</b>
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		<b>(MATS ARE REQUIRED)</b>	<u>Comments</u>
<input type="checkbox"/> General Guidelines for Handgun Defense			_____ Evaluator's Name and Initials