



Florida Department of Law Enforcement

# DEFENSIVE TACTICS PERFORMANCE EVALUATION

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



**CJSTC**  
**6**

1. AGENCY OR 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  OR EQUIVALENCY OF TRAINING (EOT) 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 AND EOT STUDENT PERFORMANCE REQUIREMENTS AND BASIC RECRUIT STUDENT RETEST:

• **DEMONSTRATION OF PROFICIENCY:** Once evaluation on a proficiency skill has begun, no additional training, assistance, or practice is allowed on that proficiency skill. A basic recruit or EOT student shall demonstrate all minimum required proficiency skills in all categories listed in section I.

• **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 each defensive tactics proficiency skill or one re-examination of the required written end-of-course examination for the 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 Criminal Justice Defensive Tactics Course.

• **REMEDICATION PLAN(S) ATTACHED:** YES

If a basic recruit student was not successful in the first attempt to demonstrate any of the required proficiency skills, attach a remediation plan. Student retesting shall be documented on this form. A basic recruit student is allowed only one remediation for each proficiency skill.

8. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS:

• **DEMONSTRATION OF PROFICIENCY:** Once evaluation on a proficiency skill has begun, no additional training, assistance, or practice is allowed on that proficiency skill. An instructor student shall complete the Criminal Justice Defensive Tactics Course pursuant to Rule 11B-20.0014, F.A.C., to instruct the Criminal Justice Defensive Tactics Course or the Defensive Tactics Instructor Course. 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 shall be deemed to have failed the Defensive Tactics Instructor Course.

9. **INSTRUCTOR TO STUDENT RATIO:** For instruction of the Criminal Justice Defensive Tactics Course or the 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: PASS  OR FAIL

11. WRITTEN END-OF-COURSE EXAMINATION (BASIC RECRUIT AND INSTRUCTOR STUDENT ONLY): FIRST ATTEMPT: PASS  OR FAIL  OR N/A

RETEST (BASIC RECRUIT ONLY): PASS  OR FAIL

12. FAILURE OF COURSE:

**Basic Recruit Student.** The basic recruit student has failed the Criminal Justice Defensive Tactics Course.

**Equivalency of Training Student.** The equivalency of training student has failed to demonstrate proficiency in Criminal Justice Defensive Tactics.

**Instructor Student.** The instructor student has failed the 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 THE EVALUATION WAS COMPLETED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

**DEFENSIVE TACTICS TECHNIQUES.** The training center director or designee shall identify the 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. The minimum number of required techniques for law enforcement and correctional probation is 28 and for correctional it is 29. Appropriate stance and the principles of presence and relative positioning shall be exhibited in the execution of the techniques. Section II of this form does not need to be completed for basic recruit students.

**EVALUATION.** For each proficiency skill listed, instructors shall print and initial their name by the proficiency skill(s) they evaluate. If the same instructor evaluates proficiency skill(s) listed back-to-back on this form, the instructor is permitted to print and initial their name for the first proficiency skill, and then draw an arrow down through the subsequent proficiency skill(s). Comments may be used at any time, but are required for a failure. Additional space for comments is provided at the end of this form.

**I. BASIC RECRUIT AND EOT 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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input type="checkbox"/> Under the Jaw					
<input type="checkbox"/> Hollow behind the Ear					
<input type="checkbox"/> Hollow behind the Collarbone					
<input type="checkbox"/> Elbow under the Shoulder Blade					
<b>COMMENTS:</b>					
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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input checked="" type="checkbox"/> Escort Position (MANDATORY)					
<input type="checkbox"/> Hammer Lock Transporter					
<input type="checkbox"/> Shoulder Lock Transporter					
<b>COMMENTS:</b>					
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>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<b>NOTE: CORRECTIONAL STUDENTS SHALL ALSO DEMONSTRATE THE APPLICATION AND REMOVAL OF LEG IRONS</b>					
<input type="checkbox"/> Standing Handcuffing (to include double locking and unlocking)					
<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					
<b>COMMENTS:</b>					

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input checked="" type="checkbox"/> Pat Down (MANDATORY)					
<input type="checkbox"/> Custodial Search					
<input type="checkbox"/> Inmate Clothed Search					

COMMENTS:

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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<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					
<input type="checkbox"/> Front Kick					
<input type="checkbox"/> Angle Kick					

COMMENTS:

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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<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					
<input type="checkbox"/> Hip Roll					

COMMENTS:

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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<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					
<input type="checkbox"/> Escape from Front Headlock					
<input type="checkbox"/> Escape from Front Football Tackle					

COMMENTS:

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

VASCULAR NECK RESTRAINTS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION
	PASS	FAIL	PASS	FAIL	
<b>(MATS ARE REQUIRED)</b>					
<input type="checkbox"/> Standard Vascular Neck Restraint (OPTIONAL)					_____
					FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS
					_____
					SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS

COMMENTS:

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>						
<input checked="" type="checkbox"/> Ground Defense Position (MANDATORY)					_____	
<input checked="" type="checkbox"/> Guard Stall (MANDATORY)						FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS
<input checked="" type="checkbox"/> Guard Break (MANDATORY)						_____
<input checked="" type="checkbox"/> Defend and Escape from Side Control (MANDATORY)						SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS
<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)						

COMMENTS:

IMPACT WEAPONS	DATE OF FIRST ATTEMPT: _____		DATE OF SECOND ATTEMPT: _____		EVALUATION	
	PASS	FAIL	PASS	FAIL		
<b>(MATS ARE OPTIONAL)</b>						
<input type="checkbox"/> Impact Weapon Thrust (OPTIONAL)					_____	
<input type="checkbox"/> Impact Weapon Swing (OPTIONAL)						FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS
<input type="checkbox"/> Impact Weapon Block (OPTIONAL)						_____
					SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS	

COMMENTS:

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>						
<input type="checkbox"/> Holstered Intermediate Weapon Retention					_____	
<input type="checkbox"/> Drawn Baton Retention						FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS
<input type="checkbox"/> Holstered Handgun Retention						_____
<input type="checkbox"/> Drawn Handgun Retention						SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS

COMMENTS:

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

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>					_____ <b>FIRST ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>  _____ <b>SECOND ATTEMPT INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input type="checkbox"/> Redirection (1)					
<input type="checkbox"/> Redirection (2)					
<input type="checkbox"/> Defense Against and Overhead Stab or Forehand Slash					
<b>COMMENTS:</b>					

**II. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS**

WARMUP/FALLS	DATE OF ATTEMPT: _____		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING (MATS ARE REQUIRED)</b>			_____ <b>INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input type="checkbox"/> Front Fall			
<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>COMMENTS:</b>			
THREAT ASSESSMENT	DATE OF ATTEMPT: _____		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING (MATS ARE OPTIONAL)</b>			_____ <b>INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input type="checkbox"/> Interview Stance			
<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>COMMENTS:</b>			
RESTRAINT DEVICES	DATE OF ATTEMPT: _____		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING (MATS ARE OPTIONAL)</b>			_____ <b>INSTRUCTOR'S PRINTED NAME AND INITIALS</b>
<input type="checkbox"/> Three-Point Pin			
<input type="checkbox"/> Removing Handcuffs			
<input type="checkbox"/> Removing Flexible Cuffs			
<b>COMMENTS:</b>			

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

UPRIGHT GRAPPLING AND BODY HOLD ESCAPES	DATE OF ATTEMPT:		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		(MATS ARE REQUIRED)	
<input type="checkbox"/> Arm Drag			_____ INSTRUCTOR'S PRINTED 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>COMMENTS:</b>			
GROUND CONTROL	DATE OF ATTEMPT:		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		(MATS ARE REQUIRED)	
<input type="checkbox"/> Guard			_____ INSTRUCTOR'S PRINTED NAME AND INITIALS
<input type="checkbox"/> Side Control			
<input type="checkbox"/> Full Mount			
<b>COMMENTS:</b>			
HANDGUN DEFENSE	DATE OF ATTEMPT:		EVALUATION
	PASS	FAIL	
<b>DEMONSTRATE THE FOLLOWING</b>		(MATS ARE REQUIRED)	
<input type="checkbox"/> General Guidelines for Handgun Defense			_____ INSTRUCTOR'S PRINTED NAME AND INITIALS
<b>COMMENTS:</b>			

COMMENTS: \_\_\_\_\_

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