THE ARMY SCHOOL SYSTEM (TASS)
UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD)

Please print or type.

1. NAME:	**2. LAST FOUR:**
3. UNIT:	**4. DOR:**
5. COURSE TITLE:	**6. REPORT DATE:**

First line leader's initials	Soldier's initials	**PART I - UNIT PRE-EXECUTION (D-90 to D-1)**
		Coordination between customer unit and TASS unit to identify the Soldier by name?
		Soldier in receipt of school/course information?
		Read ahead packets/prerequisite testing complete? (If applicable.)
		All required clothing/equipment IAW school/course information packet?
		Soldier demonstrated physical fitness requirement on diagnostic test administered within 30 days of scheduled departure for school? (As required.)
		Soldier meets standards of AR 600-9?
		Transportation requirements completed?
		Adequate cash/traveler checks/Government Credit Card?
		Individual orders received?
		Individual has current periodic physical (within 5 years)?
		Individual meets remaining TIS requirements?
		School mailing address/telephone numbers received? (For family.)
		Ten (10) copies of orders?
		Transportation verified/approved (ticket picked up)?
		Current/valid identification card?
		ID tags (1 pair)?
		If applicable: Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts?
		Notify soldier of requirement to take APFT and be weighed, as required?

Unit POC List:

CDR: B: ( ) H: ( )

1SG: B: ( ) H: ( )

FTM: B: ( ) H: ( )

Unit POC FAX: ( )

Unit POC E-mail:

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA				
Minimum Aptitude Score (ASVAB) (if applicable)	CO	CL	FA	GM	MM	CO	CL	FA	GM	MM
	OF	EL	SC	ST	GT	OF	EL	SC	ST	GT
Color vision requirements (if applicable)										

Physical demand rating/profile (PULHES) ***See Part III for P/T profiles**	P	U	L	H	E	S	P	U	L	H	E	S

Prerequisite phase/course attendance (if applicable):

School code _____ Course completed _____

Date of completion _____ Phase completed _____

Military and civililan 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 (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT). TPU/Traditional Guardsmen must have copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

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: **Date:**

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

Commanding Officer (typed name): **Date:**

Signature: