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

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

Diagon print or time													
Please print or type.													
	NAME:		2. LAST FOUR:										
3.	UNIT:		4. DOR:										
5.	COURSE	TITLE:	6. REPORT DATE:										
lea	First line Soldier's eader'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 Periodic Health Assessment (PHA) within past 12 months IAW 350-1										
			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?										
Ur	nit POC Lis	t:											
CE	DR: B: ()	H: ()										
1S	SG: B: ()	H: ()										
FT	M: B: ()	H: ()										
Ur	nit POC FAX	K : ()										
l In	nit P∩C F-m	nail:											

PART II - ROUTINE PREREQUISITES													
TASK	REGULATION DATA						SOLDIER DATA						
Minimum Aptitude Score (ASVAB)	СО	CL	CL F		GM	ММ	СО	CL	F	A	GM	MM	
(if applicable)	OF EL			SC	ST	GT	OF	EL	S	С	ST	GT	
Color vision requirements (if applicable)													
Physical demand rating/profile (PULHES)	Р	U	L	Н	E	S	Р	U	L	Н	E	S	
*See Part III for P/T profiles													
Prerequisite phase/course attendance (if applicable):	School code Course complete Date of completion Phase complete												
Military and civililan vehicle operator license(s) (if applicable): Military license number: Expiration date:													
Civilian license number: Expiration date: State:								e:					
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 D	A PAM	611-2	1 NC	OT PF	REVIOL	JSLY L	ISTED:						
Other requirements (if applicable)												
Other requirements (if applicable)													
Other requirements (if applicable)													
Other requirements (if applicable)													
I have been counseled and have re Attendance at this course and clas detract from or prevent my succes	s will no	t pose	any	know	n hards	ship on r	ne and/						
Student's Signature:	Date:												
I have reviewed the above sold course, counseled them on the	-				•			-	-				
Commanding Officer (typed name):								D	ate:				
Signature:													