

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 Type.

1. NAME:

2. UNIT:

3. DOR:

4. COURSE TITLE:

5. 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 eye glasses and protective mask inserts?
		Notify soldier of requirement to take APFT and be weighed, as required.

Unit POC List:

CDR: _____ BB: (____) ____ - ____ H: (____) ____ - ____

1SG: _____ BB: (____) ____ - ____ H: (____) ____ - ____

Staff Duty Number: (____) ____ - ____

Unit POC Email: _____

PART II ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA						
Minimum Aptitude Score (ASVAB) (if applicable)	CMBT	ADMIN	FA	MAINT	MECH	CMBT	ADMIN	FA	MAINT	MECH		
	FOOD	ELEC	COMMO	TECH	GT	FOOD	ELEC	COMMO	TECH	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 completion
Military and civilian vehicle operator license(s) (if applicable):		
Military license number: _____	Expiration date: <input style="width: 100px;" type="text"/>	
Civilian license number: _____	Expiration date: <input style="width: 100px;" type="text"/>	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 Guardsman must have a 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)

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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; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.

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

Commanding Officer Signature: _____