# UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM, SEE TRADOC REGULATION 350-18; PROPONENT IS TRADOC G-3/5/7, TOMA)

Fillable form; may be printed and signed manually

1. NAME:

2. UNIT:

3. COURSE TITLE: 4. REPORT DATE:

| Supervisor's Initials | Soldier's Initials | PART I- UNIT PRE-EXECUTION (Day-90 to Day-1) |
|---|---|---|
| | | Coordination between unit and school to identify the Soldier by name and reservation status? |
| | | Soldier in receipt of read ahead packet, school/course information, and graduation requirements? |
| | | Soldier completed prerequisite course/testing? (DA Form 1059 or other completion document) |
| | | All required clothing/equipment in accordance with school/course information packet? |
| | | Soldier meets physical readiness standards of AR 350-1? (APFT within 60 days) |
| | | Soldier meets height/weight and body composition standards of AR 600-9? |
| | | Soldier has Government Travel Card or adequate cash/traveler checks? |
| | | Individual orders received (10 copies)? |
| | | Soldier has current periodic health assessment? |
| | | Soldier meets remaining Time in Service requirement? |
| | | Ten (10) copies of orders? |
| | | Transportation verified/DTS approved? |
| | | Soldier has current /valid identification card? |
| | | Soldier has ID tags (1 pair)? |
| | | |

**Unit POC List:**

CDR Office:

1SG Office:

FTM Office:

Other:

Other:

Other:

Unit Fax:

1SG Email:

CSM Email:

## PART II - ROUTINE PREREQUISITES

| TASK | REGULATION DATA | | | | | SOLDIER DATA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Minimum Aptitude Score (if applicable) | CL | CO | EL | FA | GM | CL | CO | EL | FA | GM |
| | | | | | | | | | | |
| | GT | MM | OF | SC | ST | GT | MM | OF | SC | ST |
| | | | | | | | | | | |
| Color vision requirements (if applicable) | | | | | | | | | | |
| Physical demand rating/profile (PULHES) *See Part III for PIT profiles | P | U | L | H | E | S | P | U | L | H | E | S |
| | | | | | | | | | | | | |

Military and civilian 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): Must have a signed 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)

Othere requirements of DA PAMPLET 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:

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

Commanding Officer (typed name):

Signature: