



Florida Department of Law Enforcement

# CMS DEFENSIVE TACTICS PERFORMANCE EVALUATION

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



1. TRAINING SCHOOL NAME: \_\_\_\_\_ 2. CLASS NUMBER: \_\_\_\_\_

3. STUDENT'S PRINTED NAME: \_\_\_\_\_ 4. STUDENT'S IDENTIFICATION NUMBER: \_\_\_\_\_

5. PROFICIENCY DEMONSTRATION NUMBER: FIRST ATTEMPT  OR SECOND ATTEMPT

6. THE STUDENT IS A: BASIC RECRUIT STUDENT  OR INSTRUCTOR STUDENT

7. 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 the date of the contamination, pursuant to Rule 11B-35.0024(3)(a)3., F.A.C.; <u>or</u>	<input type="checkbox"/> YES. DATE: _____
Indicate if the student has been previously contaminated by the chemical agent oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS), and the date that such documentation was reviewed and approved by the training center director.	<input type="checkbox"/> YES. DATE: _____

8. BASIC RECRUIT STUDENT PERFORMANCE REQUIREMENTS AND RETEST:

- DEMONSTRATION OF PROFICIENCY:** Once testing on a proficiency skill has begun, no additional training, assistance, or practice is allowed on that proficiency skill. A basic recruit student shall exhibit the appropriate stances and the principles of presence and relative positioning in the execution of the required defensive tactics techniques. A basic recruit student shall demonstrate 100% proficiency of all minimum required techniques in all categories to pass the performance portion of the CMS Criminal Justice Defensive Tactics Course. The minimum number of required techniques for law enforcement and correctional probation is 41 and the minimum number of required techniques for correctional is 42.
- 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 defensive tactics proficiency skills or one re-examination of the required written end-of-course examination for the CMS 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 CMS Criminal Justice Defensive Tactics Course.
- REMEDIAION PLAN ATTACHED:** YES   
If a basic recruit student was not successful in the first attempt to demonstrate the required proficiency skills, attach a remediation plan. Retesting requires a new form CJSTC-6 CMS with the "Second Attempt" box checked in item number 5 above. The basic recruit student is only required to retest in the proficiency requirements failed.

9. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS:

- DEMONSTRATION OF PROFICIENCY:** Once testing on a proficiency skill has begun, no additional training, assistance, or practice is allowed on that proficiency skill. An instructor student shall demonstrate all the defensive tactics techniques listed on this form at 100% accuracy with the results recorded on this form. Appropriate stance and the principles of presence and relative positioning shall be exhibited in the execution of the techniques. 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 on the first attempt shall be deemed to have failed the CMS Defensive Tactics Instructor Course.

10. INSTRUCTOR TO STUDENT RATIO: For instruction of the CMS Criminal Justice Defensive Tactics Course or the CMS 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."

11. DEFENSIVE TACTICS DEMONSTRATION: PASS  OR FAIL

12. WRITTEN END-OF-COURSE EXAMINATION:

- WRITTEN EXAMINATION:** PASS  OR FAIL
- WRITTEN EXAMINATION RETEST (BASIC RECRUIT ONLY):** PASS  OR FAIL

13. FAILURE OF COURSE:

- The basic recruit student has failed the CMS Criminal Justice Defensive Tactics Course.
- The instructor student has failed the CMS Defensive Tactics Instructor Course.

14. STUDENT'S SIGNATURE: \_\_\_\_\_ 15. DATE: \_\_\_\_\_

16. TRAINING CENTER DIRECTOR OR DESIGNEE'S PRINTED NAME: \_\_\_\_\_

17. TRAINING CENTER DIRECTOR OR DESIGNEE'S SIGNATURE: \_\_\_\_\_

18. DATE EVALUATION COMPLETED: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Training School: \_\_\_\_\_

Class Number: \_\_\_\_\_

- DEFENSIVE TACTICS TECHNIQUES.** In advance of the performance evaluation and proficiency testing, the training center director or designee shall prepare form CJSTC-6 CMS to be used in the basic recruit class by identifying techniques to be tested that are not already marked on the form as "required" and necessary to comply with the designated minimum number of techniques (law enforcement and correctional probation 41 and correctional 42). The training center director or designee may also identify additional techniques on form CJSTC-6-CMS beyond the required minimum that may also be taught and tested. The additional techniques shall not count against the student's pass/fail of the course.
- EVALUATION.** For each group of techniques evaluated, the instructor shall print and initial his or her name by the performance(s) he or she observes and rates, and record the date of the student's evaluation. Use the "comments" section to note any deficiencies in the student's performance or remediation required. Be specific when making comments, and advise the student where improvement is necessary to achieve a passing score. If the same instructor evaluates exercises listed back-to-back on this form, the instructor is permitted to sign the Evaluator's name and initials line for the first exercise, and then draw an arrow down through the subsequent exercises.

THREAT ASSESSMENT	PASS	FAIL	EVALUATION
<b>DEMONSTRATE THE FOLLOWING:</b>		<b>(MATS ARE OPTIONAL)</b>	
<input checked="" type="checkbox"/> Interview Stance (REQUIRED)			<b>Comments</b>  _____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>
<input checked="" type="checkbox"/> Offensive Ready Stance (REQUIRED)			
<input checked="" type="checkbox"/> Relative Positioning (to include reactionary gap, danger zone, and body movement) (REQUIRED)			
<input checked="" type="checkbox"/> Evasion (REQUIRED)			
<input checked="" type="checkbox"/> Redirection (REQUIRED)			
PRESSURE POINTS	PASS	FAIL	EVALUATION
<b>DEMONSTRATE A MINIMUM OF ONE TECHNIQUE:</b>		<b>(MATS ARE OPTIONAL)</b>	
<input type="checkbox"/> Under the Jaw			<b>Comments</b>  _____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>
<input type="checkbox"/> Hollow Behind the Ear			
<input type="checkbox"/> Hollow Behind the Collarbone			
<input type="checkbox"/> Under the Nose			
<input type="checkbox"/> Hollow of the Neck			
ESCORT AND TRANSPORTERS	PASS	FAIL	EVALUATION
<b>DEMONSTRATE THE ESCORT POSITION AND A MINIMUM OF ONE TRANSPORTER :</b>		<b>(MATS ARE OPTIONAL)</b>	
<input checked="" type="checkbox"/> Escort Position (REQUIRED)			<b>Comments</b>  _____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>
<input type="checkbox"/> Bent Wrist			
<input type="checkbox"/> Finger Lock			
<input type="checkbox"/> Hammer Lock			
<input type="checkbox"/> Shoulder Lock			
RESTRAINT DEVICES	PASS	FAIL	EVALUATION
<b>DEMONSTRATE THE APPLICATION AND REMOVAL OF HANDCUFFS IN THE STANDING POSITION AND A MINIMUM OF ONE OTHER TECHNIQUE. CORRECTIONAL STUDENTS SHALL ALSO DEMONSTRATE THE APPLICATION AND REMOVAL OF LEG IRONS:</b>		<b>(MATS ARE OPTIONAL)</b>	
<input checked="" type="checkbox"/> Standing Handcuffing (to include double locking and unlocking) (REQUIRED)			<b>Comments</b>  _____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>
<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 Irons (REQUIRED FOR CO ONLY)			
<input type="checkbox"/> Flexible Leg Restraints			
<input type="checkbox"/> Flexible Cuffs			

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Training School: \_\_\_\_\_

Class Number: \_\_\_\_\_

FRISKS AND SEARCHES		PASS	FAIL	EVALUATION
<b>DEMONSTRATE PAT DOWN AND A MINIMUM OF ONE OTHER TECHNIQUE; THE FOLLOWING (MATS ARE OPTIONAL)</b>				Comments
<input checked="" type="checkbox"/> Pat Down	(REQUIRED FOR LE, CO, AND CPO)			_____ Evaluator's Name and Initials _____ Date
<input type="checkbox"/> <input checked="" type="checkbox"/> Custodial Search	(REQUIRED FOR LE, CO, AND CPO)			
<input type="checkbox"/> <input checked="" type="checkbox"/> Inmate Clothed	(REQUIRED FOR CO ONLY)			
BLOCKS		PASS	FAIL	EVALUATION
<b>DEMONSTRATE THE FOLLOWING: (MATS ARE OPTIONAL)</b>				Comments
<input checked="" type="checkbox"/> Upper Area	(REQUIRED)			_____ Evaluator's Name and Initials _____ Date
<input checked="" type="checkbox"/> Mid Area	(REQUIRED)			
<input checked="" type="checkbox"/> Low Area	(REQUIRED)			
STRIKES		PASS	FAIL	EVALUATION
<b>DEMONSTRATE A MINIMUM OF FIVE TECHNIQUES: (MATS ARE OPTIONAL)</b>				Comments
<input type="checkbox"/> Palm Heel Strike				
<input type="checkbox"/> Knuckle Strike				
<input type="checkbox"/> Punches				
<input type="checkbox"/> Hammer Fist Strike				
<input type="checkbox"/> Backfist Strike				
<input type="checkbox"/> Elbow Strike				
<input type="checkbox"/> Forearm Strike				
<input type="checkbox"/> Knee Strike				
<input type="checkbox"/> Front Kick				
<input type="checkbox"/> Back Kick				
<input type="checkbox"/> Side Kick				
<input type="checkbox"/> Angle Kick				
<input type="checkbox"/> Head Butt				
<input type="checkbox"/> Foot Stomp				
<input type="checkbox"/> Shin Scrape				
<b>TAKEDOWNS</b>				Comments
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES: (MATS ARE REQUIRED)</b>				Comments
<input type="checkbox"/> Straight Arm				_____ Evaluator's Name and Initials _____ Date
<input type="checkbox"/> Hammer Lock				
<input type="checkbox"/> Shoulder Lock				
<input type="checkbox"/> Outside Wrist				
<input type="checkbox"/> Inside Wrist				

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Training School: \_\_\_\_\_

Class Number: \_\_\_\_\_

UPRIGHT GRAPPLING BODY HOLDS		PASS	FAIL	EVALUATION
<b>DEMONSTRATE A MINIMUM OF FIVE TECHNIQUES:</b>		<b>(MATS ARE REQUIRED)</b>		<b>Comments</b>
<input type="checkbox"/>	Escape from Front Choke			
<input type="checkbox"/>	Escape from Rear Choke			
<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 Headlock			
<input type="checkbox"/>	Escape from Front Football Tackle			
<input type="checkbox"/>	Hip Roll			
<input type="checkbox"/>	Leg Sweep			
<b>VASCULAR NECK RESTRAINTS</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
		<b>(MATS ARE REQUIRED)</b>		_____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>
<input type="checkbox"/>	Standard Vascular Neck Restraint (OPTIONAL)			
<b>Comments:</b>				
<b>FALLING TECHNIQUES</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE A MINIMUM OF ONE TECHNIQUE:</b>		<b>(MATS ARE REQUIRED)</b>		<b>Comments</b>
<input type="checkbox"/>	Front Fall			
<input type="checkbox"/>	Rear Fall			
<input type="checkbox"/>	Shoulder Roll			
<input type="checkbox"/>	Side Fall			
<b>GROUND ESCAPES</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE A MINIMUM OF FOUR TECHNIQUES:</b>		<b>(MATS ARE REQUIRED)</b>		<b>Comments</b>
<input type="checkbox"/>	<del>Ground Defense Position</del> <del>Escape to Standing Position</del>			
<input type="checkbox"/>	<del>Escape to Standing Position</del> <del>Hip Escape</del>			
<input type="checkbox"/>	<del>Hip Escape</del> <del>Ground Defense Position</del>			
<input type="checkbox"/>	<del>Defend and Escape from Supine Position</del>			
<input type="checkbox"/>	Defend and Escape from Side Control			
<input type="checkbox"/>	Defend and Escape from Full Mount			
<input type="checkbox"/>	Defend and Escape from Rear Mount			
<input type="checkbox"/>	Defend and Escape from Head-to-Head Prone Attack			
				_____ <b>Evaluator's Name and Initials</b> _____ <b>Date</b>

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Training School: \_\_\_\_\_

Class Number: \_\_\_\_\_

GROUND CONTROL		PASS	FAIL	EVALUATION
<b>DEMONSTRATE A MINIMUM OF THREE TECHNIQUES:</b>		<b>(MATS ARE REQUIRED)</b>		<b>Comments</b>
<input type="checkbox"/>	Scarf Hold			
<input type="checkbox"/>	Arm Bar			
<input type="checkbox"/>	Disengaging from Scarf Hold			
<input type="checkbox"/>	Seated Stall			
<input type="checkbox"/>	Follow-up from Seated Stall			
<input type="checkbox"/>	Straddle Stall			
<b>IMPACT WEAPONS</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES:</b>		<b>(MATS ARE OPTIONAL)</b>		<b>Comments</b>
<input type="checkbox"/>	Impact Weapon Thrust (OPTIONAL)			
<input type="checkbox"/>	Impact Weapon Swing (OPTIONAL)			
<input type="checkbox"/>	Impact Weapon Block (OPTIONAL)			
				Evaluator's Name and Initials _____ Date _____
<b>WEAPON RETENTION</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES:</b>		<b>(MATS ARE OPTIONAL)</b>		<b>Comments</b>
<input type="checkbox"/>	Retention of Intermediate Weapon in Carrier/Holster			
<input type="checkbox"/>	Drawn Baton Retention			
<input type="checkbox"/>	Holstered Handgun Retention			
<input type="checkbox"/>	Drawn Handgun Retention			
				Evaluator's Name and Initials _____ Date _____
<b>HANDGUN DISARMING</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE THE FOLLOWING:</b>		<b>(MATS ARE OPTIONAL)</b>		<b>Comments</b>
<input checked="" type="checkbox"/>	Front Disarming (REQUIRED)			
<input checked="" type="checkbox"/>	Rear Disarming (REQUIRED)			
<b>Comments</b>				Evaluator's Name and Initials _____ Date _____
<b>DEFENSE AGAINST EDGED WEAPONS</b>		<b>PASS</b>	<b>FAIL</b>	<b>EVALUATION</b>
<b>DEMONSTRATE A MINIMUM OF TWO TECHNIQUES:</b>		<b>(MATS ARE REQUIRED)</b>		<b>Comments</b>
<input type="checkbox"/>	Defense against Overhead Stab			
<input type="checkbox"/>	Defense against Straight/Underhand Thrust			
<input type="checkbox"/>	Defense against Forehand Slash			
<input type="checkbox"/>	Defense against Backhand Slash			
				Evaluator's Name and Initials _____ Date _____