

**WASHINGTON STATE
DEPARTMENT OF FISH & WILDLIFE
HUNTER EDUCATION
ONLINE HOME STUDY PROGRAM
CLASSROOM/RANGE SKILLS EVALUATION**

STUDENT: Complete the information in the box below and give it to your hunter education instructor upon arrival to class. Please be sure to print legibly.

STUDENT INFORMATION			
Last Name _____	First Name _____	M.I. _____	
Street Address _____			
City _____	State _____	Zip _____	
Date of Birth _____	Age _____	Sex _____	Telephone # _____

INSTRUCTOR: Complete the following information and return this form, the quiz and the skills evaluation check list to the Olympia hunter education office.

	PASS	FAIL
Entry Quiz	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>
(MARK ONLY THOSE ITEMS THAT APPLY)		
SHOTGUN	<input type="checkbox"/>	<input type="checkbox"/>
RIFLE	<input type="checkbox"/>	<input type="checkbox"/>
HANDGUN	<input type="checkbox"/>	<input type="checkbox"/>
AIR GUN	<input type="checkbox"/>	<input type="checkbox"/>
MUZZLE LOADER	<input type="checkbox"/>	<input type="checkbox"/>
ARCHERY	<input type="checkbox"/>	<input type="checkbox"/>
FIELD COURSE	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTOR'S SIGNATURE

**COUNTY
CODE**

COURSE COMPLETION DATE

**CHIEF
INSTRUCTOR'S
NUMBER**

COURSE LOCATION