

# 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"/> |                          |
| <b>(MARK ONLY THOSE SKILLS THAT APPLY)</b> | <b>PASS</b>              | <b>FAIL</b>              | <b>EXEMPT (MILITARY)</b> |
| SHOTGUN                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RIFLE                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HANDGUN                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AIR GUN                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MUZZLE LOADER                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ARCHERY                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FIELD COURSE                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |
|--|
| <p>MILITARY EXEMPTION CLAIMED? Fill in Military ID#: _____</p> <p>Beginning July 26, 2009, members of the U.S. military who have a valid military identification or Form DD2-14 are exempt from the skills portion of a classroom/range evaluation session. However, members of the U.S. military are still required to bring completed documentation to and attend the classroom session.</p> |
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\_\_\_\_\_  
**INSTRUCTOR'S SIGNATURE**

\_\_\_\_\_  
**COUNTY CODE**

\_\_\_\_\_  
**COURSE COMPLETION DATE**

\_\_\_\_\_  
**CHIEF INSTRUCTOR'S NUMBER**

\_\_\_\_\_  
**COURSE LOCATION**