



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Attempt 1 Attempt 2 Attempt 3

Protective Action Response Performance Evaluation – Program Staff

-- PLEASE, NO ABBREVIATIONS. --

First _____ M.I. _____ Last _____ Last 5 digits SSN: __ - _____
 Company Name: _____ State-Operated Contracted
 Work Address: _____ City: _____
 Zip: _____ Region: *North Central South* Circuit: _____ Unit #: _____ County: _____
 Training Location: _____ Date of Evaluation: ____/____/____

(Check, if applicable.) This participant is on Medical Status.

NOTE: Verbal direction must be used for all techniques except Reactionary Gap, Danger Zone, and Interview Stance.

TECHNIQUES	Demo 1 S/U	Demo 2 S/U	Remedial S/U	COMMENTS
STANCE & BODY MOVEMENT				
1. Reactionary Gap				
2. Danger Zone				
3. Interview Stance				
4. Ready Stance				
5. Approach (Using 45-Degree Angle)				
COUNTERMOVES - Blocks				
6. High Block				
7. Mid-Range – Straight Arm Blows				
8. Mid-Range – Roundhouse Blows				
9. Low Block – “X” Block				
10. Low Block – Leg Raise				
COUNTERMOVES - Evasive				
11. Evasive Sidestep				
12. Evasive Sidestep w/ Redirection				
COUNTERMOVES – Releases				
13. One Wrist / Forearm Grab Release				
14. Two Wrist / Forearm Grab Release				
15. Rear Two Hand Release				
16. Two Hands Together Grab Release				
17. Front Choke Backstroke Release				
18. Front Choke Wrist Release				

Participant's Name: _____ Attempt 1 Attempt 2 Attempt 3

TECHNIQUES	Demo 1 S/U	Demo 2 S/U	Remedial S/U	COMMENTS
COUNTERMOVES – Releases				
19. Rear Bear Hug Release				
20. Front Bear Hug Release				
COUNTERMOVES – Escapes				
21. Bite Escape				
22. Headlock Escape				
23. Full Nelson Escape				
24. Double Arm Lock Escape				
25. Front Hairpull Escape				
26. Rear Hairpull Escape				
COUNTERMOVES – Defense				
27. Ground Defense				

Comments (attach additional pages, if necessary): _____

- Specify the number of unsatisfactory techniques in the "Demo 2" column. _____
- Specify the number of unsatisfactory techniques in the "Remedial" column. _____
- Upon conclusion of this evaluation session, the participant: PASSED FAILED

1. _____
 Evaluator's Printed Name & Initials

2. _____
 2nd Evaluator's Printed Name & Initials, If Necessary

3. _____
 3rd Evaluator's Printed Name & Initials, If Necessary

4. _____
 4th Evaluator's Printed Name & Initials, If Necessary

This evaluation has been reviewed and discussed. _____
 Participant's Signature