



Florida Department of Law Enforcement

CMS DEFENSIVE TACTICS PERFORMANCE EVALUATION

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



CJSTC-6
CMS

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.	<input type="checkbox"/> YES. DATE: _____
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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. LEAD INSTRUCTOR'S PRINTED NAME: _____

17. AGENCY ADMINISTRATOR, TRAINING CENTER DIRECTOR, OR DESIGNEE'S PRINTED NAME: _____

18. AGENCY ADMINISTRATOR, TRAINING CENTER DIRECTOR, OR DESIGNEE'S SIGNATURE: _____

19. DATE EVALUATION COMPLETED: _____

Student Name: _____

Student Identification Number: _____

Agency or 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
DEMONSTRATE THE FOLLOWING:		(MATS ARE OPTIONAL)	
<input checked="" type="checkbox"/> Interview Stance (REQUIRED)			Comments _____ Evaluator's Name and Initials _____ Date
<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
DEMONSTRATE A MINIMUM OF ONE TECHNIQUE:		(MATS ARE OPTIONAL)	
<input type="checkbox"/> Under the Jaw			Comments _____ Evaluator's Name and Initials _____ Date
<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
DEMONSTRATE THE ESCORT POSITION AND A MINIMUM OF ONE TRANSPORTER :		(MATS ARE OPTIONAL)	
<input checked="" type="checkbox"/> Escort Position (REQUIRED)			Comments _____ Evaluator's Name and Initials _____ Date
<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
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:		(MATS ARE OPTIONAL)	
<input checked="" type="checkbox"/> Standing Handcuffing (to include double locking and unlocking) (REQUIRED)			Comments _____ Evaluator's Name and Initials _____ Date
<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			_____ Evaluator's Name and Initials _____ Date
<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: _____

Agency or Training School: _____

Class Number: _____

FRISKS AND SEARCHES		PASS	FAIL	EVALUATION
DEMONSTRATE PAT DOWN AND A MINIMUM OF ONE OTHER TECHNIQUE:		(MATS ARE OPTIONAL)		Comments
<input checked="" type="checkbox"/> Pat Down	(REQUIRED)			_____ Evaluator's Name and Initials _____ Date
<input type="checkbox"/> Custodial Search				
<input type="checkbox"/> Inmate Clothed				
BLOCKS		PASS	FAIL	EVALUATION
DEMONSTRATE THE FOLLOWING:		(MATS ARE OPTIONAL)		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
DEMONSTRATE A MINIMUM OF FIVE TECHNIQUES:		(MATS ARE OPTIONAL)		Comments
<input type="checkbox"/> Palm Heel Strike				_____ Evaluator's Name and Initials _____ Date
<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				
TAKEDOWNS		PASS	FAIL	EVALUATION
DEMONSTRATE A MINIMUM OF TWO TECHNIQUES:		(MATS ARE REQUIRED)		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: _____

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Class Number: _____

UPRIGHT GRAPPLING BODY HOLDS		PASS	FAIL	EVALUATION
DEMONSTRATE A MINIMUM OF FIVE TECHNIQUES:		(MATS ARE REQUIRED)		Comments
<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			_____ Evaluator's Name and Initials
				_____ Date
VASCULAR NECK RESTRAINTS		PASS	FAIL	EVALUATION
DEMONSTRATE A MINIMUM OF ONE TECHNIQUE:		(MATS ARE REQUIRED)		Comments
<input type="checkbox"/>	Standard Vascular Neck Restraint (OPTIONAL)			
Comments:				
				_____ Evaluator's Name and Initials
				_____ Date
FALLING TECHNIQUES		PASS	FAIL	EVALUATION
DEMONSTRATE A MINIMUM OF ONE TECHNIQUE:		(MATS ARE REQUIRED)		Comments
<input type="checkbox"/>	Front Fall			
<input type="checkbox"/>	Rear Fall			
<input type="checkbox"/>	Shoulder Roll			
<input type="checkbox"/>	Side Fall			
				_____ Evaluator's Name and Initials
				_____ Date
GROUND ESCAPES		PASS	FAIL	EVALUATION
DEMONSTRATE A MINIMUM OF FOUR TECHNIQUES:		(MATS ARE REQUIRED)		Comments
<input type="checkbox"/>	Ground Defense Position			
<input type="checkbox"/>	Escape to Standing Position			
<input type="checkbox"/>	Hip Escape			
<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			
				_____ Evaluator's Name and Initials
				_____ Date

Student Name: _____

Student Identification Number: _____

Agency or Training School: _____

Class Number: _____

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