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STUDENT NUMBER _____

FORT STEWART NCO ACADEMY BASIC LEADER COURSE INPROCESSING SHEET

HT 64" WT 140 PASS / FAIL ABC SCREEN PASS / FAIL (SGL Initials _____)

Rank: SPC Promotable: Y Met Cutoff: Y

Name: Doe, Jane M. (LAST, FIRST, MI) If female is married, include maiden name SUFFIX (JR., SR., III,)

SSN: 123-45-6789 DODID 1234567890 Gender: F Meal Card: N

E-mail: Jane.M.doe.mil@mail.mil, JDoe93@gmail.com

Component: Active Duty

MOS: 68W10 EXAMPLE: (42A10) Branch: CSS

MOS's: CA: 11, 13, 14, 15, 18, 19 CS: 12, 25, 31, 33, 37, 74, 88, 96, 98

CSS: 27, 35, 38, 42, 44, 46, 55, 56, 63, 68, 71, 77, 79, 89, 91, 92, 94, 97 Not Listed: _____
BRANCH / NUMBER

Company C. Co.

Battalion 3BSB

Brigade 1ABCT

Post or City, State (country if Applicable) Fort Stewart, GA

Zip Code 31314

Date Entered Active Duty (BASD): 20160327

Date of Birth (DOB): 19930903

Date of Rank (DOR of current rank): 20180701

ETS Date: 20240527

GT Score: 110

Years of Civilian Education: 14

(Specify if DSN) Unit Phone: 912-435-1234

Alternate: 333-333-3333
(Cell)

Click to view Tables

Army Physical Fitness Test Scorecard

For use of this form, see FM 7-22; the proponent agency is TRADOC.

NAME (Last, First, MI)

GENDER

UNIT

DOB

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
HEIGHT (IN INCHES)	BODY COMPOSITION WEIGHT: 185 lbs. GO / NO-GO <input checked="" type="checkbox"/> <input type="checkbox"/>	BODY FAT: <input type="checkbox"/> %	HEIGHT (IN INCHES)	BODY COMPOSITION WEIGHT: <input type="checkbox"/> lbs. GO / NO-GO <input type="checkbox"/> <input type="checkbox"/>	BODY FAT: <input type="checkbox"/> %	HEIGHT (IN INCHES)	BODY COMPOSITION WEIGHT: <input type="checkbox"/> lbs. GO / NO-GO <input type="checkbox"/> <input type="checkbox"/>	BODY FAT: <input type="checkbox"/> %	HEIGHT (IN INCHES)	BODY COMPOSITION WEIGHT: <input type="checkbox"/> lbs. GO / NO-GO <input type="checkbox"/> <input type="checkbox"/>	BODY FAT: <input type="checkbox"/> %
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS
ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS	
TIME	GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		TIME	GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		TIME	GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		TIME	GO <input type="checkbox"/> NO-GO <input type="checkbox"/>	
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
COMMENTS FOR RECORD			COMMENTS			COMMENTS			COMMENTS		

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS 2MR - 2 MILE RUN

SU - SIT UPS APT - ARMY PHYSICAL FITNESS TEST

DA FORM 705, MAY 2010

PREVIOUS EDITIONS ARE OBSOLETE.

UNIT PRE-EXECUTION CHECKLIST

(For use of this form, see TRADOC Regulation 350-18; Proponent is TRADOC G-3/5/7, TOMA)

Fillable form; may be printed and signed manually.

1. NAME:	
2. UNIT:	
3. COURSE TITLE:	BASIC LEADER COURSE (BLC)
4. REPORT DATE:	

Supervisor's Initials	Soldier's Initials	PART I- UNIT PRE-EXECUTION (Day-90 to Day-1)
<input type="checkbox"/>	<input type="checkbox"/>	Coordination between unit and school to identify the Soldier by name and reservation status?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier in receipt of read ahead packet, school/course information, and graduation requirements?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier completed prerequisite course/testing? (DA Form 1059 or other completion document)
<input type="checkbox"/>	<input type="checkbox"/>	All required clothing/equipment in accordance with school/course information packet?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier meets physical readiness standards of AR 350-1? (APFT within 60 days)
<input type="checkbox"/>	<input type="checkbox"/>	Soldier meets height/weight and body composition standards of AR 600-9?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier has Government Travel Card or adequate cash/traveler checks?
<input type="checkbox"/>	<input type="checkbox"/>	Individual orders received (10 copies)?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier has current periodic health assessment (PHA) and dental exam?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier meets physical qualifications for special skills as specified in AR 40-501?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier meets remaining Time in Service (TIS) requirement?
<input type="checkbox"/>	<input type="checkbox"/>	Transportation verified/DTS approved?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier has current/valid identification card?
<input type="checkbox"/>	<input type="checkbox"/>	Soldier has ID tags (1 pair)?

Unit POC List:

Phone Number with Area Code

CDR Office:		Other:	
1SG Office:		Other:	
FTM Office:		Other:	
Unit Fax:	N/A		
1SG Email:			
CSM Email:			

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA				
Minimum Aptitude Score (if applicable)	CL	CO	EL	FA	GM	CL	CO	EL	FA	GM
	NA	NA	NA	NA	NA					
	GT	MM	OF	SC	ST	GT	MM	OF	SC	ST
	NA	NA	NA	NA	NA					

Key: CL-Clerical/ADMIN; CO-Combat/CMBT; EL-Electronic/ELEC; FA-Field Artillery/FA; GM-General Maintenance/MAINT; GT-General Technical/GT; MM-Mechanical Maintenance/MECH; OF-Operators & Food/FOOD; SC-Surveillance & Communication/COMM; ST-Skilled Technical/TECH

Physical demand rating/profile (PULHES) *See Part III for PT profiles	P	U	L	H	E	S	P	U	L	H	E	S
		1	1	1	1	1	1	1	1	1	1	1

Key: P- Physical capacity/stamina; U- Upper extremities; L- Lower extremities; H- Hearing/ear; E- Eyes; S- Psychiatric

Military and civilian vehicle operator license(s) (if applicable):

Military license number: Expiration date:
 Civilian license number: Expiration date: State:

PART III - REQUIRED DOCUMENTS

Security clearance (if applicable, attach as required)

*Permanent profile attendees must have a signed copy of completed DA Form 3349; must include Army doctor-approved alternate aerobic event for APFT. Provide results of medical retention board (if applicable).

All required waivers (if applicable)

Other requirements (if applicable)

Other requirements of DA PAM 611-21 not previously listed:

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature:

I have reviewed the above Soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

Commanding Officer (typed name):

Commanding Officer's Signature: