

M	TAB	TAB	TAB	TAB
INDIVIDUAL BASIC TRAINING (BT), ADVANCED INDIVIDUAL TRAINING (AIT), ONE STATION UNIT TRAINING (OSUT) For use of this form, see AR 350-1; the proponent agency is DCS, G-3.				1. TYPE OF TRAINING

2. NAME (Last, First, MI)	3. SSN	4. ORGANIZATION	5. INSTALLATION
---------------------------	--------	-----------------	-----------------

6. RECYCLE	UNIT (a)	DATE (b)	TRAINING WEEK	REASON (d)
FIRST RECYCLE				
SECOND RECYCLE				

7. POR, PROFICIENCY TESTS, AND WEAPONS QUALIFICATION

SUBJECT	DATE COMPLETED	SCORE
a. M16A1 RIFLE QUALIFICATION		
b. HAND GRENADE QUALIFICATION		
c. ARMY PHYSICAL READINESS TEST		
d. CODE OF CONDUCT		
e. LAW OF LAND WARFARE/SAEDA		
f. EQUAL OPPORTUNITY		
g. ALCOHOL AND DRUG ABUSE PREVENTION		
h. MILITARY JUSTICE		
i. END-OF-COURSE TEST		
j. CIVIL DISTURBANCE TRAINING (NG)		

8. BASIC SKILLS EDUCATION PROGRAM (BSEP)/ ENGLISH AS A SECOND LANGUAGE (ESL)

SELECTABLE	READING	VOCABULARY	SPELLING	NUMERICAL OPS	MATH PROB SOLVING
	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
ATTENDED BSEP:	YES	<input style="width:50%;" type="text"/>	ATTENDED ESL:	YES	<input style="width:50%;" type="text"/>
ENGLISH COMPREHENSIVE		<input style="width:50%;" type="text"/>	POST ECLT TEST		<input style="width:50%;" type="text"/>

9. COMMENTS (Use reverse of this form if more space is needed)

ASI: _____

10. INDIVIDUAL HAS SATISFACTORILY COMPLETED TRAINING PROGRAM <i>(Except as noted on this form)</i>	INSTRUCTIONS ITEMS 1-7, 9 and 10-Self explanatory. ITEM 8-Enter information on test scores, BSEP/ESL attendance, if applicable. ITEM 11-List all tasks tested.
SIGNATURE OF TRAINING OFFICER OR COMMANDER	

11. TESTED TASKS

POI: _____

TG/SM: _____