



Law Enforcement Training Advisory Commission

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Ellen L. Petty, Director

PEACE OFFICER WELLNESS EVALUATION REPORT

BASIC PART-TIME TRAINING APPLICANT

PLEASE PRINT

TEST DATE: _____ CLASS # _____

OFFICER NAME: _____
(LAST) (FIRST) (MIDDLE)

DEPARTMENT: _____ TESTER: _____

COURSE: BASIC 480 HOUR PART-TIME OFFICER BASIC TRAINING PROGRAM

D.O.B. _____ SEX _____ SSN _____

OFFICER HEIGHT _____ OFFICER WEIGHT _____

			STANDARD	ACTUAL
SIT & REACH	PASS	FAIL	_____	_____
SIT UPS (1 MIN.)	PASS	FAIL	_____	_____
BENCH PRESS	PASS	FAIL	_____	_____
1.5 MILE RUN	PASS	FAIL	_____	_____

RETAKE DATE: _____ LOCATION: _____