

RECORD FOR EVALUATION OF ACCREDITATION STANDARDS
for Initial Military Training, Reclassification Training, and Professional Military Education
 (The prescribing directive for this form is TRADOC Pamphlet 350-70-4; the proponent is DCSOPS&T)

Administrative Data

1. Organization being evaluated:			
Name:			
Location/address:			
2. Accrediting agency name:			
3. Evaluator:		Phone: DSN	
E-mail address:		Comm	
Address:			

Reporting Focus

Type of Training (Check one)								Area Evaluated (Check one)					
<input type="checkbox"/>	Initial Military Training	<input type="checkbox"/>	BCT	<input type="checkbox"/>	OSUT	<input type="checkbox"/>	AIT	<input type="checkbox"/>	WOCS	<input type="checkbox"/>	OCS	<input type="checkbox"/>	Conduct of Training
<input type="checkbox"/>	Reclassification Training										<input type="checkbox"/>	Training Support	
<input type="checkbox"/>	Professional Military Education (Indicate education system)	<input type="checkbox"/>	NCOES	<input type="checkbox"/>	WOES	<input type="checkbox"/>	OES	<input type="checkbox"/>	Proponent Functions				

Recommendation

<input type="checkbox"/>	Professional Accreditation	<input type="checkbox"/>	Conditional Accreditation	<input type="checkbox"/>	Full Accreditation	<input type="checkbox"/>
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Remarks:

(Attached additional comments should be keyed to item numbers.)

CONDUCT OF TRAINING

STD NO.	Standard	Met	Met w/cmt	Not Met	N/A N/O	HHI

TRAINING SUPPORT

STD NO.	Standard	Met	Met w/cmt	Not Met	N/A N/O	HHI

PROPONENT FUNCTIONS

STD NO.	Standard	Met	Met w/cmt	Not Met	N/A N/O	HHI