THE ARMY SCHOOL SYSTEM (TASS)
UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD)

Type or Print *(except where Initials are required)*

1. NAME: *(Last, First, MI)*	2. SSN:	
3. UNIT: *(Unit Designation, City, State, ZIP)* ***(Indicate one: AC, ARNG, USAR)***	4a. DOR:	4b. Rank/Grade:
5. COURSE TITLE:	6. REPORT DATE:	

1st Line Leader Initials	Soldier's Initials	**PART-I Unit Pre-execution *(D -90 to D -1)(D = Report Date)***
		Coordination between customer unit and TASS unit to identify the Soldier by name
		Soldier in receipt of school/course information (ATRRS SH, SL & SLR Screens)
		Read ahead packets/prerequisite testing complete *(if applicable)*
		All required clothing/equipment IAW school/course info packet
		Soldier demonstrated physical fitness requirement on diagnostic APFT (FM 21-20) administered within 30 days of scheduled report date for school *(as required)*
		Soldier meets height-weight standards of AR 600-9
		Transportation requirements completed
		Adequate cash/traveler checks/Government Credit Card
		Individual orders received
		Individual has current periodic physical *(AR 40-501)(within 5 years of course gradation date)*
		Individual meets remaining TIS requirements
		School Mailing Address/Telephone numbers received *(for family)*
		Ten (10) copies of orders
		Transportation verified/approved *(ticket picked up)*
		Current/valid identification *(ID)* card
		Identification *(ID)* Tags *(1 pair)*
		Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts *(if applicable)*
		_____ **(YES)** or **(NO)** Notify soldier of requirement to take APFT (FM 21-20) and be weighed *(AR 600-9 standards)(as required)*

Unit POC List: *(Commercial telephone numbers only)*

CDR: B: _____ H: _____

1SG B: _____ H: _____

Unit FTM: B: _____ H: _____

Unit POC FAX: _____

Unit POC Email: _____

TRADOC FORM 350-18-2-R-E, OCT 2004 Previous editions are obsolete

PART II - ROUTINE PREREQUISITES												
TASK	REGULATION DATA						SOLDIER DATA					
MINIMUM APTITUDE SCORE (ASVAB) *(IF APPLICABLE IAW DA PAM 611-21 & DA PAM 351-4)*	CO	CL	FA	GM	MM		CO	CL	FA	GM	MM	
	OF	EL	SC	ST	GT		OF	EL	SC	ST	GT	
Color vision requirements *(if applicable IAW (AR 40-501, DA PAM 611-21 & DA PAM 351-4)*												
Physical demand rating/profile (PULHES) ***See Part III for P/T profiles**	P	U	L	H	E	S	P	U	L	H	E	S
Prerequisite phase/course attendance *(if applicable)*	School Code:											
	Date of Completion:											
	Course Completed:											
	Phase completed:											
Military and civilian vehicle operator's license(s) *(if applicable IAW DA PAM 611-21)*												

PART III - REQUIRED DOCUMENTS	
Security Clearance *(If applicable, attach certificate IAW AR 380-5)*	
*Permanent profile attendees *(if applicable)* : AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 *(AR 40-501)* - must include Army doctor-approved alternate aerobic event for APFT (FM21-20). TPU/Traditional Guardsman must have copy of completed DA Form 3349 (AR 40-501)*(must include Army doctor-approved alternate aerobic event for APFT)(FM 21-20).*	
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	**Date:**
I have reviewed the above Soldier's qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.	
Commanding Officer (typed name)	**Date:**
Signature	