



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**    ψ Attempt 1    ψ Attempt 2    ψ Attempt 3  
**Protective Action Response Performance Evaluation – Contracted Facility Staff**

-- PLEASE, NO ABBREVIATIONS. --

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Last 5 digits SSN: \_\_\_\_-\_\_\_\_  
 Company Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Reg.: *North Central South* Circuit: \_\_\_\_\_ County: \_\_\_\_\_  
 Training Location: \_\_\_\_\_ Date of Evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Check, if applicable.) This participant is on Medical Status.

NOTE: Verbal direction must be used for all techniques except Reactionary Gap, Danger Zone, and Interview Stance.

TECHNIQUES	Demo 1 S/U	Demo 2 S/U	Remedial S/U	COMMENTS
<b>STANCE &amp; BODY MOVEMENT – All are evaluated.</b>				
1. Reactionary Gap				
2. Danger Zone				
3. Interview Stance				
4. Ready Stance				
5. Approach (Using 45-Degree Angle)				
<b>COUNTERMOVES – Blocks – All are evaluated.</b>				
6. High Block				
7. Mid-Range – Straight Arm Blows				
8. Mid-Range – Roundhouse Blows				
9. Low Block – “X” Block				
10. Low Block – Leg Raise				
<b>COUNTERMOVES – Evasive – All are evaluated.</b>				
11. Evasive Sidestep				
12. Evasive Sidestep w/ Redirection				
<b>COUNTERMOVES – Releases – All are evaluated.</b>				
13. One Wrist / Forearm Grab Release				
14. Two Wrist / Forearm Grab Release				
15. Rear Two Hand Release				
16. Two Hands Together Grab Release				
17. Front Choke Backstroke Release				
18. Front Choke Wrist Release				
19. Rear Bear Hug Release				
20. Front Bear Hug Release				

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TECHNIQUES	Demo 1 S/U	Demo 2 S/U	Remedial S/U	COMMENTS
<b>COUNTERMOVES – Escapes – All are evaluated.</b>				
21. Bite Escape				
22. Headlock Escape				
23. Full Nelson Escape				
24. Double Arm Lock Escape				
25. Front Hairpull Escape				
26. Rear Hairpull Escape				
<b>COUNTERMOVES – Defense</b>				
27. Ground Defense				
<b>TOUCH – Staff selects 1.</b>				
28. (a) Straight Arm Escort: <i>Extended</i>				
(b) Straight Arm Escort: <i>Close</i>				
29. Supportive Hold: <i>Stage 1</i>				
<b>CONTROL TECHNIQUES – Staff selects 4, one of which must be Ground Control.</b>				
30. Ground Control				
31. Baskethold				
32. Arm Bar				
33. Arm Control				
34. Team Arm Control				
35. Wrap-Around				
36. Supportive Hold Control: <i>Stage 2</i>				
37. Supportive Hold Control: <i>Stage 3</i>				

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TECHNIQUES	Demo 1 S/U	Demo 2 S/U	Remedial S/U	COMMENTS
<b>TAKEDOWNS – Staff selects 3.</b>				
38. Straight Arm to a Takedown				
39. Baskethold to a Takedown				
40. Arm Bar to a Takedown				
41. Wrap-Around: <i>Team Takedown</i>				
42. Supportive Hold Takedown: <i>Stage 4</i>				
43. Supportive Hold Takedown: <i>Stage 5</i>				
44. Immediate Team Takedown				
<b>SEARCHES – This shall be evaluated.</b>				
45. Person Search				
<b>MECHANICAL RESTRAINTS – Staff selects 1 front handcuffing and uncuffing technique.</b>				
46. (a) Standing Front Handcuffing				
(b) Standing Front Uncuffing				
47. (a) Waist Chain (Application)				
(b) Waist Chain (Removal)				
48. (a) Restraint Belt (Application)				
(b) Restraint Belt (Removal)				
<b>MECHANICAL RESTRAINTS – Staff selects 1 rear handcuffing and uncuffing technique.</b>				
49. (a) Standing Rear Handcuffing				
(b) Standing Rear Uncuffing				
50. Prone Handcuffing				
<b>MECHANICAL RESTRAINTS – Staff selects 1 leg cuffing and uncuffing technique.</b>				
51. (a) Leg Cuffing (Kneeling Position)				
(b) Leg Uncuffing (Kneeling Position)				
52. (a) Leg Cuffing (Hands on Wall)				
(b) Leg Uncuffing (Hands on Wall)				

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Comments (attach additional pages, if necessary): \_\_\_\_\_  
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- Specify the number of unsatisfactory techniques in the "Demo 2" column. \_\_\_\_\_
- Specify the number of unsatisfactory techniques in the "Remedial" column. \_\_\_\_\_
- Upon conclusion of this evaluation session, the participant: PASSED? ? FAILED

1. \_\_\_\_\_  
Evaluator's Printed Name & Initials

2. \_\_\_\_\_  
2<sup>nd</sup> Evaluator's Printed Name & Initials, If Necessary

3. \_\_\_\_\_  
3<sup>rd</sup> Evaluator's Printed Name & Initials, If Necessary

4. \_\_\_\_\_  
4<sup>th</sup> Evaluator's Printed Name & Initials, If Necessary

*This evaluation has been reviewed and discussed.* \_\_\_\_\_  
Participant's Signature