



**COMMONWEALTH OF VIRGINIA**  
**VIRGINIA DEPARTMENT of FIRE PROGRAMS**  
**FIREFIGHTER LEVEL I**  
**INDIVIDUAL PRACTICAL SKILLS CHECK SHEET**

Full Name: \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_ FDID \_\_\_\_\_

**INSTRUCTIONS:**

Student completes identification line on the check sheet and keeps the form during practical testing. When all test sites have been completed this form is to be returned to Test Supervisor.

Instructor dates each practical skill and checks the appropriate box reflecting whether the student passed or failed. If student fails, the instructor is to fill out reason for failure.

No retest for practical skills will be given during the initial test site.

PRACTICAL SKILL	DATE	PASS	FAIL	EVALUATORS SIGNATURE

INSTRUCTOR WILL NOTE BELOW WHICH SKILL WAS FAILED, COMPLETE REASON FOR FAILURE, AND SIGN THE NOTE.  
 THE STUDENT WILL BE ADVISED OF A RETEST DATE AND LOCATION FOLLOWING THE COMPLETION OF ALL PRATICAL TESTING.

PRACTICAL SKILL	REASON FOR FAILURE	EVALUATORS SIGNATURE

Additional Remarks : \_\_\_\_\_

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