

# AIT SOLDIER IN TRAINING PERFORMANCE RECORD

NEW START  
PRIOR FTU Circle as req'd  
SPLIT OPTION

<b>PART I BASIC DATA</b>			
AUTHORITY: 5 USC 30, 10 USC 3012(G). PRINCIPAL PURPOSE: To record performance and counseling data pertaining to service members. ROUTINE USES: Record of individual performance in Advanced Individual Training and performance counseling IAW AR 635-200. May also be used to document failures to attain required standards in support of administrative discharge procedures. DISCLOSURE: Voluntary, but failure to provide information may be construed as a lack of motivation to complete required training.			
1. NAME (last, first, MI)	2. SSN	3. RANK	4. SEX M F
5. UNIT/CLASS #	6. MOS	7. DS _____ Instr _____	8. AGE

<b>PART II MANDATORY TRAINING REQUIREMENTS</b>			<i>Training completed to standard Annotate "W" if waiver is recommended</i>
Go No Go <input type="checkbox"/> <input type="checkbox"/> MOS Qualification _____ % <input type="checkbox"/> <input type="checkbox"/> APFT <input type="checkbox"/> <input type="checkbox"/> FTX	Go No Go <input type="checkbox"/> <input type="checkbox"/> Command Inspection <input type="checkbox"/> <input type="checkbox"/> Soldierization <input type="checkbox"/> <input type="checkbox"/> CST ( ___ RETEST TASKS)	Go No Go <input type="checkbox"/> <input type="checkbox"/> Demonstrates Values and Ethics _____ DAYS MISSED TRNG	

<b>PART III PHYSICAL FITNESS</b> Soldier displays effort to improve fitness level. Failure could result in New Start / Separation.			
DAPFT Date: _____ Go No Go <input type="checkbox"/> <input type="checkbox"/> PU PTS _____ SU PTS _____ RUN PTS _____ PT RUN GROUP _____ SOLDIER INITIALS _____	APFT 1 Date: _____ Go No Go <input type="checkbox"/> <input type="checkbox"/> PU PTS _____ SU PTS _____ RUN PTS _____ PT RUN GROUP _____ SOLDIER INITIALS _____	APFT 2 Date: _____ Go No Go <input type="checkbox"/> <input type="checkbox"/> PU PTS _____ SU PTS _____ RUN PTS _____ PT RUN GROUP _____ SOLDIER INITIALS _____	APFT 3 Date: _____ Go No Go <input type="checkbox"/> <input type="checkbox"/> PU PTS _____ SU PTS _____ RUN PTS _____ PT RUN GROUP _____ SOLDIER INITIALS _____
<small>Counseling related to improvement on reverse side of this form</small>		<small>Counseling related to improvement on reverse side of this form</small>	

<b>PART IV ARMY VALUES</b> Soldier displays/adopting Army Values to required level				<small>Soldier must display all values to graduate. Failure could result in New Start / Separation.</small>
Exc. Good Fair Poor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LOYALTY - Committed to Army, unit & fellow soldiers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DUTY - Meets responsibilities no matter how dangerous, difficult or unpleasant <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RESPECT - Holds others in high regard; treats others as soldier wishes to be treated	Exc. Good Fair Poor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SELFLESS SERVICE - Places needs of the unit, the mission and the welfare of others before self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HONOR - Shows knowledge of right and wrong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> INTEGRITY - Does not lie, cheat or steal or tolerate those who do <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PERSONAL COURAGE - Overcomes fears, physical and moral, to do duty			
Comments: _____		SOLDIER INITIALS _____		

<b>PART V MOTIVATION &amp; DISCIPLINE</b> Begin to look, act, think like a soldier				<small>Poor performance in these areas could result in punishment, New Start / Separation IAW AR 635 - 200</small>
Exc. Good Fair Poor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PERSONAL APPEARANCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FOLLOWS ORDERS & DIRECTIONS (Dependable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PUTS FORTH MAXIMUM EFFORT (Completes all P.T. runs, strives to excel) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OBEYS POLICIES (No Food in bay, No Smoking, Secures equipment, Dresses in Latrine, etc.)	Exc. Good Fair Poor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RENDERS MILITARY COURTESY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FOLLOWS BUDDY SYSTEM ALWAYS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PREPARES FOR INSPECTIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MAINTAINS EQUIPMENT ACCOUNTABILITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TEAM PLAYER (Supports Peer Leadership)			
Leadership Positions: _____		Comments: _____		
Comments: _____		SOLDIER INITIALS _____		

<b>PART VI COMPLETION CERTIFICATION</b>	DATE _____ SOLDIER INITIALS _____
Soldier achieved standards to graduate <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MARGINAL (See Reverse)	

# PERFORMANCE COUNSELING RECORDS

See Privacy Act statement on front of this form.  
This form will be destroyed when no longer required.

NAME(last, first, MI)	
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DATE:	Name, Grade, Signature of Counselor
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CIRCUMSTANCES AND SUMMARY (Include corrective actions) (Bullet entries)	
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Soldier Name, Grade and Signature	DATE:
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Soldier concur/nonconcur comments:	
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DATE:	Name, Grade, Signature of Counselor
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CIRCUMSTANCES AND SUMMARY (Include corrective actions)	
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Soldier Name, Grade and Signature	DATE:
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Soldier concur/nonconcur comments:	
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DATE:	Name, Grade, Signature of Counselor
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CIRCUMSTANCES AND SUMMARY (Include corrective actions)	
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Soldier Name, Grade and Signature	DATE:
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Soldier concur/nonconcur comments:	
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DATE:	Name, Grade, Signature of Counselor
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CIRCUMSTANCES AND SUMMARY (Include corrective actions)	
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Soldier Name, Grade and Signature	DATE:
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Soldier concur/nonconcur comments:	
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