SOUTH CAROLINA
STATE FIRE

Competency Profile

Student Name: _____ Signature_____

Organization: _____

Course Name: _____Code /Section _____

Instructor: _____ Date of Completion _____/_____/_____

Lead Evaluator: _____Signature_____

Skill	Attempt							
	1st	Pass	Fail	**2nd**	Pass	Fail	**3rd**	Pass	Fail*

Skill Station 1

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 2

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 3

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 4

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill	Attempt							
	1st	Pass	Fail	**2nd**	Pass	Fail	**3rd**	Pass	Fail*

Skill Station 5

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 6

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 7

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 8

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature: _____

Skill Station 9

Skill: _____ ☐ ☐   ☐ ☐   ☐ ☐

Skill:_____ ☐ ☐   ☐ ☐   ☐ ☐

Evaluator name: _____   Signature:_____

*The student must have successfully completed 50% or greater of the required skill step on each of the previous attempts.

Student name: _____   Signature: _____

* Justify any failures in writing on this sheet.

Final Outcome: ☐ **Pass**   ☐ **Fail**

_____

_____

_____

**This form must be completed and turned in with the course package.