

**MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
TEMPORARY MIST INSTRUCTOR EVALUATION**

Temporary MIST Instructor's Name: _____

Location: _____

Date: _____

| TECHNIQUE | PASS | FAIL |
|---|-------------|-------------|
| Standing, Single Officer | | |
| Felony Stop | | |
| Hands on Head | | |
| Hands Behind Back (3 options) | | |
| Hands Behind Back – Resistance (student demo) | | |
| Standing, Two Officer | | |
| Hands Behind Back (Primary Officer & Contact Officer) | | |
| Hands on Head (Primary Officer & Contact Officer) | | |
| Prone, Single Officer | | |
| Prone, Single Officer (2 options) | | |
| Stand Subject, Escort, Remove Handcuffs | | |
| Move Subject from Prone to Standing Position | | |
| Escort, Cooperative | | |
| Escort, Uncooperative | | |
| Remove Handcuffs (Use Key) | | |
| Take Down, Single Officer (Demonstration) | | |
| Straight Arm Bar Take Down, Single Officer (3 options) | | |
| Prone, Multiple Officers | | |
| Prone on Belly, Hands Underneath | | |
| Prone on Belly, Hands Underneath, Baton Option | | |
| Prone on Back, Move to Belly | | |
| Prone on Back, Move to Belly, Single Officer | | |
| Prone on Back, Move to Belly, Multiple Officers (2 options) | | |

Comments:

My signature below verifies the temporary MIST instructor listed on this form has demonstrated sufficient knowledge and ability to safely conduct the training activities required in Control Tactics 22-302.

Lead Instructor: _____ **Signature:** _____