



Specialty Qualification Training Worksheet

GTM1 - Ground Team Member Level 1

Name (Last, First, MI)

Type

CAPID

Date Issued

Step Task Name	Completed	Evaluator	CAPID	Mission ID
Ground Team Member Level 1 - Prerequisites				
GTM2 - Ground Team Member Level 2				
Commander Approval for Prerequisites				
GTM1 - Commander Approval for Prerequisites				
Ground Team Member Level 1 - Familiarization and Preparatory Training				
Complete Task O-0701 (Recognize and react to air/ground signals)				
Commander Approval for Familiarization and Preparatory Training				
GTM1 - Commander Approval for Familiarization and Preparatory Training				
Ground Team Member Level 1 - Advanced Training				
IS100 - IS-100				
IS700 - IS-700				
Complete Task O-0401 (Work with canine teams)				
Complete Task O-0416 (Plan search line operations)				
Complete Task O-0417 (Organize a search line)				
Complete Task O-0418 (Control a search line)				
Complete Task O-0419 (Plan and organize a hasty search)				
Complete Task O-0703 (Employ ground to air signals)				
Complete Task O-0802 (Plan and organize site surveillance)				
Complete Task P-0201 (Sign-in team at mission)				
Complete Task P-0202 (Plan and brief sortie)				
Complete Task P-0203 (Conduct rehearsals)				
Complete Task P-0204 (Conduct after action review)				
Ground Team Member Level 1 - Exercise Participation				
Exercise Participation-Ground Team Member Level 1				
Exercise Participation-Ground Team Member Level 1 #2				
Ground Team Member Level 1 - Continuing Education Examination				
CAPT 117 ES Continuing Education Exam - Part 1				

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Results as of: 12 Jul 2019

Page 1 of 2



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Name (Last, First, MI)	Type	CAPID	Date Issued
GTM1 - Ground Team Member Level 1, MAR 10		OPR/ROUTING - DOS	

The above listed member satisfactorily participated as a GTM1 - Ground Team Member Level 1 trainee under my direct supervision on mission number_____.

Qualified Supervisor Signature	Date
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The above listed member satisfactorily participated as a GTM1 - Ground Team Member Level 1 trainee under my direct supervision on mission number_____.

Qualified Supervisor Signature	Date
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