



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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GTM1 - Ground Team Member Level 1

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**

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**