IRON SIGHT ACADEMY

STUDENT PRE-TRAINING ASSESSMENT & SAFETY QUESTIONNAIRE

NRA Certified Instructor: Amri Perera | Confidential student intake

Student name: _____ Date: _____

Course: _____ Phone: _____

01 | EXPERIENCE & BACKGROUND

1. What best describes your firearm experience?

■ Never handled one ■ A few times ■ Own but rarely practice ■ Regular shooter ■ Formal training

2. Have you attended a firearm safety or training course before?

■ Yes ■ No

If yes, which course? _____

3. How comfortable are you around firearms?

■ Very uncomfortable ■ Somewhat nervous ■ Comfortable with supervision ■ Confident

4. What is your primary reason for attending?

■ Safety ■ Recreational shooting ■ Protection education ■ Skill improvement ■ Confidence ■ Other ☐ All of the above

02 | SAFETY & RESPONSIBILITY

5. If an instructor gives you a safety command you do not understand, what would you do?

_____

6. If you observe another student handling a firearm unsafely, what would you do?

_____

7. Is it ever acceptable to point a firearm at someone as a joke, even if you believe it is unloaded? Explain.

_____

8. If you become frustrated, overwhelmed, or uncomfortable during training, how would you respond?

_____

9. Are you willing to stop immediately when instructed and follow all academy and range safety rules?

■ Yes ■ No

03 | JUDGMENT & ATTITUDE

10. What does responsible firearm ownership mean to you?

_____

11. How would you react if an instructor corrected your technique or asked you to repeat a safety exercise?

_____

12. What is most important during training?

■ Speed ■ Accuracy ■ Safety and control ■ Impressing others

13. What would you do if you noticed you were too tired, distracted, or upset to concentrate safely?

_____

IRON SIGHT ACADEMY

STUDENT PRE-TRAINING QUESTIONNAIRE | CONTINUED

04 | TRAINING READINESS

14. Are you willing to use required eye and ear protection?

■ Yes ■ No

15. Are there any accessibility needs, physical limitations, or learning accommodations you would like the instructor to consider?

■ Yes ■ No

Optional details needed for appropriate instruction: _____

16. Can you confirm that you will not attend practical firearm training while impaired by alcohol, drugs, or another condition that prevents safe participation?

■ Yes ■ No

17. Do you agree to comply with all applicable firearm laws, range requirements, and academy safety policies?

■ Yes ■ No

05 | PERSONAL GOALS

18. What is your biggest concern about taking this class?

_____

_____

19. What are you looking for in this class that will help you personally improve?

_____

_____

20. Would you be interested in progressing to more advanced training after completing the introductory course?

■ Yes ■ Maybe ■ Not currently

STUDENT ACKNOWLEDGMENT & SIGNATURE

I confirm that the information I provided is accurate to the best of my knowledge. I understand that participation in practical training depends on applicable laws, range rules, instructor safety requirements, and continued safe conduct.

Student signature: _____ Date: _____

Instructor signature: _____ Date: _____