



## Drug Evaluation and Classification Program Certification Performance Report



Date: \_\_\_\_\_

DRE Student: \_\_\_\_\_

Evaluation # \_\_\_\_\_

Test Subject: \_\_\_\_\_

Scribe \_\_\_\_\_

Observer \_\_\_\_\_

	Errors of Omission	Errors of Commission
Preliminary Examination:	<input type="checkbox"/> None observed	<input type="checkbox"/> None observed
Comments/Observations: _____		
Eye Examinations:	<input type="checkbox"/> None observed	<input type="checkbox"/> None observed
Comments/Observations: _____		
Psychophysical Tests:	<input type="checkbox"/> None observed	<input type="checkbox"/> None observed
Comments/Observations: _____		
Vital Signs:	<input type="checkbox"/> None observed	<input type="checkbox"/> None observed
Comments/Observations: _____		
Dark Room Examinations:	<input type="checkbox"/> None observed	<input type="checkbox"/> None observed
Comments/Observations: _____		

Opinion of Student: \_\_\_\_\_

Agree     Disagree

Toxicology Sample:  Urine  Blood  Other    Result \_\_\_\_\_

Comments: \_\_\_\_\_

DRE Instructor: \_\_\_\_\_

DRE# \_\_\_\_\_