



## Instructor Intake – First-Time or New Shooter

Class Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Student Name: \_\_\_\_\_

### 1. Prior Firearms Exposure

- None
- Handled but never fired
- Fired once or twice
- Air gun / BB / .22 only

### 2. Physical or Sensory Considerations

- Vision correction (glasses / contacts)
- Hearing sensitivity
- Grip strength or hand injury
- Balance, vertigo, or mobility concerns
- Other: \_\_\_\_\_

### 3. Comfort Level

- No concerns
- Nervous about noise
- Nervous about recoil
- Nervous around firearms generally

### 4. Primary Goal (check one)

- Basic familiarity and safety
- Confidence in handling a handgun
- Preparation for future training
- Home or personal defense understanding

### 5. Instructor Expectations Acknowledged

- Students understand all safety corrections are immediate
- Students agree to stop and ask questions when unsure
- Instructor Notes / Observations