



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