

# NEW STUDENT SHOOTER ASSESSMENT

(please complete and email to:  
shesapistollc@gmail.com)

Date of Assessment: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you learn about She's A Pistol? \_\_\_\_\_

Your age (circle one please): 18-24   25-34   35-44   45-54   55-64   65+

- 1) Do you own your own pistol?
  - a. If so - What type of pistol is it?
  - b. How long have you owned it?
- 2) Approximately how many times have you shot a pistol?
- 3) Are you familiar with how to load/unload your pistol?
- 4) Are you familiar with how to clean your weapon?
  - a. If not - Do you want to learn?
- 5) Tell me how you feel about owning, firing, and carrying a pistol?

6) What is your motivation for carrying/shooting?  
\_\_\_\_\_

7) Have you ever been the victim of a violent crime?  
\_\_\_\_\_

9) Please tell me a little bit about your expectations for this course:  
\_\_\_\_\_  
\_\_\_\_\_

10) General comments or questions:  
\_\_\_\_\_  
\_\_\_\_\_

### Future small group refresher interest (circle all that appeal to you):

Baby Boomers (born b/w 1946 & 1964)	Mother/Daughter
Gen Xers (born b/w 1965 & 1980)	Widows Group
Millennials (born b/w 1981 & 1996)	Sister Shoots
Moms of Littles	Singles Shoot