

NCO EVALUATION REPORT (SGT)For use of this form, see **AR 623-3** and **DA PAM 623-3**; the proponent agency is DCS, G-1.**SEE PRIVACY ACT STATEMENT
IN AR 623-3****PART I - ADMINISTRATIVE DATA**

a. NAME (Last, First, Middle Initial)		b. SSN (or DOD ID No.)	c. RANK	d. DATE OF RANK	e. PMOSC
f. UNIT, ORG, STATION, ZIP CODE OR APO, MAJOR COMMAND			g. STATUS CODE	h. UIC	i. REASON FOR SUBMISSION
j. PERIOD COVERED		k. RATED MONTHS	l. NONRATED CODES	m. NO OF ENCLOSURES	n. RATED NCO'S EMAIL ADDRESS (.gov or .mil)
FROM	THRU				
YEAR MONTH DAY	YEAR MONTH DAY				

PART II - AUTHENTICATION

a1. NAME OF RATER (Last, First, Middle Initial)		a2. SSN (or DOD ID No.)	a3. RATER'S SIGNATURE		a4. DATE (YYYYMMDD)	
a5. RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT		a6. RATER'S EMAIL ADDRESS (.gov or .mil)	
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)		b2. SSN (or DOD ID No.)	b3. SENIOR RATER'S SIGNATURE		b4. DATE (YYYYMMDD)	
b5. RANK	PMOSC/BRANCH	ORGANIZATION	DUTY ASSIGNMENT		b6. SENIOR RATER'S EMAIL ADDRESS (.gov or .mil)	
c1. SUPPLEMENTARY REVIEW REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c2. NAME OF SUPPLEMENTARY REVIEWER (Last, First, Middle Initial)	c3. RANK	PMOSC/ BRANCH	ORGANIZATION	DUTY ASSIGNMENT	
c4. COMMENTS ENCLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c5. SUPPLEMENTARY REVIEWER'S SIGNATURE		c6. DATE (YYYYMMDD)	c7. SUPPLEMENTARY REVIEWER'S EMAIL ADDRESS (.gov or .mil)		
RATED NCO: I understand my signature does not constitute agreement or disagreement with the assessments of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials and counseling dates in Part II, the duty description in Part III, and the APFT and height/weight entries in Part IVa and IVb are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.						
d1. COUNSELING DATES	INITIAL	LATER	LATER	LATER	d2. RATED NCO'S SIGNATURE	d3. DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION (Rater)

a. PRINCIPAL DUTY TITLE	b. DUTY MOSC
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities, and dollars)	
d. AREAS OF SPECIAL EMPHASIS	
e. APPOINTED DUTIES	

PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)

a. APFT Pass/Fail/Profile:	Date:	b. Height:	Weight:	Within Standard?
(Comments required for "Failed" APFT, "No" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards.)				
Reset Item a. APFT/Pass/Fail/Profile				
c. CHARACTER: (Include bullet comments addressing Rated NCO's performance as it relates to adherence to Army Values, Empathy, Warrior Ethos/Service Ethos, and Discipline. Fully supports SHARP, EO, and EEO.)		COMMENTS:		
MET STANDARD	DID NOT MEET STANDARD			
<input type="checkbox"/>	<input type="checkbox"/>			

PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater)

Performance evaluation grid with five rows (d-h) for PRESENCE, INTELLECT, LEADS, DEVELOPS, and ACHIEVES. Each row includes a 'COMMENTS:' column and two columns for 'MET STANDARD' and 'DID NOT MEET STANDARD' with checkboxes.

RATER OVERALL PERFORMANCE

Section i: I currently rate _____ NCOs in this grade. COMMENTS:

PART V - SENIOR RATER OVERALL POTENTIAL

Section a: Select one box representing Rated NCO's potential compared to others in the same grade whom you have rated in your career. Options: MOST QUALIFIED, HIGHLY QUALIFIED, QUALIFIED, NOT QUALIFIED. Section b: COMMENTS:

Section c: List two successive assignments and one broadening assignment (3-5 years). Successive Assignment: 1) _____ 2) _____ Broadening Assignment: _____