

OFFICER EVALUATION REPORT SUPPORT FORM

For use of this form, see AR 623-3; the proponent agency is DCS, G-1.

FOR OFFICIAL USE ONLY (FOUO)
SEE PRIVACY ACT STATEMENT IN
AR 623-3.**PART I - RATED OFFICER IDENTIFICATION**

NAME OF RATED OFFICER (Last, First, MI)	SSN	RANK	DATE OF RANK (YYYYMMDD)	BRANCH	DESIGNATED/PMOS (WO) SPECIALITIES
UNIT, ORG., STATION ZIP CODE OR APO, MAJOR COMMAND	STATUS CODE	FROM DATE	UIC	CMD CODE	PSB CODE

PART II - AUTHENTICATION

NAME OF RATER (Last, First, MI)	SSN	RANK	POSITION
NAME OF INTER. RATER (Last, First, MI)	SSN	RANK	POSITION
NAME OF SENIOR RATER (Last, First, MI)	SSN	RANK	POSITION

PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION

MANDATORY RATER / RATED OFFICER INITIAL FACE-TO-FACE COUNSELING ON DUTIES, RESPONSIBILITIES AND PERFORMANCE OBJECTIVES FOR THE CURRENT RATING PERIOD TOOK PLACE ON _____ (Date) Rater Initials _____ Rater Initials _____ Senior Rater Initials (Review) _____

PERIODIC RATER / RATED OFFICER FOLLOW-UP FACE-TO-FACE COUNSELINGS:

Dates	_____	Rated Soldier Initials	_____	Rater Initials	_____	Senior Rater Initials (Review)	_____
	_____		_____		_____		_____
	_____		_____		_____		_____

PART IV - RATED OFFICER (Complete Part IV and Part V below for this rating period)

PRINCIPAL DUTY TITLE	POSITION AOC / BR
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a. STATE YOUR SIGNIFICANT DUTIES AND RESPONSIBILITIES:

b. INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:

NAME

SSN

PART V - RATED OFFICER CONTRIBUTIONS

a. APFT: DATE: HEIGHT: WEIGHT:

b. LIST YOUR SIGNIFICANT CONTRIBUTIONS:

c. LIST ANY UNIQUE PROFESSIONAL SKILLS OR AREAS OF EXPERTISE OF VALUE TO THE ARMY:

d. IF UNABLE TO SERVE IN THE CURRENT BRANCH/CAREER FIELD, IN WHICH BRANCH/CAREER FIELD WOULD YOU PREFER TO SERVE?

e. LIST 3 FUTURE ASSIGNMENTS FOR WHICH YOU FEEL YOU ARE BEST SUITED:

SIGNATURE AND DATE