

**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