OFFICER EVALUATION REPORT SUPPORT FORM  For use of this form, see AR 623-105; the proponent agency is ODCSPER						
	Read Privacy Act States	ment on Reverse b	efore Completing	g this form		
	PART I - RA	TED OFFICER IC				
NAME OF RATED OFFIC	ER (Last, First, MI)	RANK	ORGANIZATI	ON		
	PART II - RATING CHAIN - YOUR	RATING CHAIN				
RATER	NAME		RANK	POSITION		
INTERMEDIATE RATER	NAME		RANK	POSITION		
SENIOR RATER	NAME		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) Rated Officer Initials Rater Initials Senior Rater Initials (Review)  PERIODIC RATER / RATED OFFICER FOLLOW-UP FACE-TO-FACE COUNSELINGS:						
Dates Rated Officer Initials Rater Initials Senior Rater Initials						
		ted Officer fillitie		(Review)		
PART IV - RATED OFFICER (Complete a, b, and c below for this rating period)  PRINCIPAL DUTY TITLE  POSITION AOC / BR						
PRINCIPAL DUTY TITLE	IT DUTIES AND RESPONSIBILITIES		POS	SITION AUC / BR		
	PERFORMANCE OBJECTIVES					

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PART V - RATER AND/OR INTERMEDIATE RATER	SIGNATURE AND DATE	
	(heview and comment on Fart Iva, b, and c above).	
Insure remarks are consistent with your performan	ce and potential evaluation on DA Form 67-9	
Insure remarks are consistent with your performance a RATER COMMENTS (Optional)	ce and potential evaluation on DA Form 67-9	
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