

COMPANY GRADE PLATE (O1 - O3; WO1 - CW2) OFFICER EVALUATION REPORT

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

See Privacy Act**Statement in AR 623-3.****PART I - ADMINISTRATIVE (Rated Officer)**

a. NAME (Last, First, Middle Initial)	b. SSN (or DOD ID No.)	c. RANK	d. DATE OF RANK (YYYYMMDD)	e. BRANCH	f. COMPONENT (Status Code)
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g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND		h. UIC		i. REASON FOR SUBMISSION	
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j. PERIOD COVERED FROM (YYYYMMDD)	k. RATED MONTHS THRU (YYYYMMDD)	i. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)	
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PART II - AUTHENTICATION (Rated officer's signature verifies officer has seen completed OER Parts I-VI and the administrative data is correct)

a1. NAME OF RATER (Last, First, Middle Initial)	a2. SSN (or DOD ID No.)	a3. RANK	a4. POSITION
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a5. EMAIL ADDRESS (.gov or .mil)	a6. RATER SIGNATURE		a7. DATE (YYYYMMDD)
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b1. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial)	b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION
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b5. EMAIL ADDRESS (.gov or .mil)	b6. INTERMEDIATE RATER SIGNATURE		b7. DATE (YYYYMMDD)
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c1. NAME OF SENIOR RATER (Last, First, Middle Initial)	c2. SSN (or DOD ID No.)	c3. RANK	c4. POSITION
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c5. SENIOR RATER'S ORGANIZATION	c6. BRANCH	c7. COMPONENT	c9. EMAIL ADDRESS (.gov or .mil)
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c8. SENIOR RATER PHONE NUMBER

c10. SENIOR RATER SIGNATURE	c11. DATE (YYYYMMDD)
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d. This is a referred report, do you wish to make comments? <input type="checkbox"/> Referred <input type="checkbox"/> Yes, comments are attached <input type="checkbox"/> No	e1. RATED OFFICER SIGNATURE	e2. DATE (YYYYMMDD)
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f1. Supplementary Review Required?

 Yes No

f2. NAME OF REVIEWER (Last, First, Middle Initial)
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f3. RANK	f4. POSITION	f5. Comments Enclosed
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f6. SUPPLEMENTARY REVIEWER SIGNATURE	f7. DATE (YYYYMMDD)	g. MSAF Date (YYYYMMDD)
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PART III - DUTY DESCRIPTION

a. PRINCIPAL DUTY TITLE	b. POSITION AOC/BRANCH
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c. SIGNIFICANT DUTIES AND RESPONSIBILITIES	
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PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)

a. APFT Pass/Fail/Profile: _____ Date: _____ Height: _____ Weight: _____ Within Standard? _____

Comments required for "Failed" APFT, or "Profile" when it precludes performance of duty, and "No" for Army Weight Standards?

b. This Officer's overall Performance is Rated as: (Select one box representing Rated Officer's overall performance compared to others of the same grade whom you have rated in your career. Managed at less than 50% in EXCELS.)

I currently rate _____ Army Officers in this grade.

A completed DA Form 67-10-1A was received with this report and considered in my evaluation and review: Yes No (explain in comments below)

EXCELS (49%)

PROFICIENT

CAPABLE

UNSATISFACTORY

Comments:

NAME:		SSN (or DOD ID No.)	PERIOD COVERED: FROM (YYYYMMDD)	THRU (YYYYMMDD)
c. 1) <u>Character:</u> <i>(Adherence to Army Values, Empathy, and Warrior Ethos/ Service Ethos and Discipline. Fully supports SHARP, EO, and EEO.)</i>				
c. 2) <u>Presence:</u> <i>(Military and Professional Bearing, Fitness, Confident, Resilient)</i>				
c. 3) <u>Intellect:</u> <i>(Mental Agility, Sound Judgment, Innovation, Interpersonal Tact, Expertise)</i>				
c. 4) <u>Leads:</u> <i>(Leads Others, Builds Trust, Extends Influence beyond the Chain of Command, Leads by Example, Communicates)</i>				
c. 5) <u>Develops:</u> <i>(Creates a positive command/ workplace environment/Fosters Esprit de Corps, Prepares Self, Develops Others, Stewards the Profession)</i>				
c. 6) <u>Achieves:</u> <i>(Gets Results)</i>				

PART V - INTERMEDIATE RATER**PART VI - SENIOR RATER**

a. POTENTIAL COMPARED WITH OFFICERS SENIOR RATED IN SAME GRADE (OVERPRINTED BY DA) <input type="checkbox"/> MOST QUALIFIED <i>(limited to 49%)</i> <input type="checkbox"/> HIGHLY QUALIFIED <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED	b. I currently senior rate _____ Army Officers in this grade.
	c. COMMENTS ON POTENTIAL: _____
	d. List 3 future <u>SUCCESSIVE</u> assignments for which this Officer is best suited: _____