

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 | | | | | | | | |
| <table border="1"> <tr> <td>j. PERIOD COVERED</td> <td rowspan="2">k. RATED MONTHS</td> <td rowspan="2">l. NONRATED CODES</td> <td rowspan="2">m. NO OF ENCLOSURES</td> <td>n. RATED NCO'S EMAIL ADDRESS (.gov or .mil)</td> </tr> <tr> <td>FROM YEAR MONTH DAY</td> <td>THRU YEAR MONTH DAY</td> <td></td> </tr> </table> | | j. PERIOD COVERED | k. RATED MONTHS | l. NONRATED CODES | m. NO OF ENCLOSURES | n. RATED NCO'S EMAIL ADDRESS (.gov or .mil) | FROM YEAR MONTH DAY | THRU YEAR MONTH DAY | | | | |
| j. PERIOD COVERED | k. RATED MONTHS | l. NONRATED CODES | | | | m. NO OF ENCLOSURES | n. RATED NCO'S EMAIL ADDRESS (.gov or .mil) | | | | | |
| FROM YEAR MONTH DAY | | | THRU 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.)

| | | |
|---|--|-----------|
| 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



| | | | |
|---|---|------------------------------|-----------|
| RATED NCO'S NAME (Last, First, Middle Initial) | | SSN (or DOD ID No.) | THRU DATE |
| PART IV - PERFORMANCE EVALUATION, PROFESSIONALISM, ATTRIBUTES, AND COMPETENCIES (Rater) | | | |
| d. <u>PRESENCE</u> : (Military and professional bearing, Fitness, Confidence, Resilience.) | | COMMENTS: | |
| MET STANDARD <input type="checkbox"/> | DID NOT MEET STANDARD <input type="checkbox"/> | | |
| e. <u>INTELLECT</u> : (Mental agility, Sound judgment, Innovation, Interpersonal tact, Expertise.) | | COMMENTS: | |
| MET STANDARD <input type="checkbox"/> | DID NOT MEET STANDARD <input type="checkbox"/> | | |
| f. <u>LEADS</u> : (Leads others, Builds trust, Extends influence beyond the chain of command, Leads by example Communicates.) | | COMMENTS: | |
| MET STANDARD <input type="checkbox"/> | DID NOT MEET STANDARD <input type="checkbox"/> | | |
| g. <u>DEVELOPS</u> : (Creates a positive command/workplace environment, Fosters esprit de corps, Prepares self, Develops others, Stewards the profession.) | | COMMENTS: | |
| MET STANDARD <input type="checkbox"/> | DID NOT MEET STANDARD <input type="checkbox"/> | | |
| h. <u>ACHIEVES</u> : (Gets results.) | | COMMENTS: | |
| MET STANDARD <input type="checkbox"/> | DID NOT MEET STANDARD <input type="checkbox"/> | | |
| RATER OVERALL PERFORMANCE | | | |
| i. I currently rate _____ NCOs in this grade. COMMENTS: | | | |
| PART V - SENIOR RATER OVERALL POTENTIAL | | | |
| a. Select one box representing Rated NCO's potential compared to others in the same grade whom you have rated in your career. I currently senior rate _____ NCOs in this grade. | b. COMMENTS: | | |
| <input type="checkbox"/> MOST QUALIFIED <input type="checkbox"/> HIGHLY QUALIFIED <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED | | | |
| c. List two successive assignments and one broadening assignment (3-5 years). | | | |
| Successive Assignment: 1) _____ 2) _____ | | Broadening Assignment: _____ | |