

EDUCATION/TRAINING REPORT**PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C., Section 8013, Secretary of the Air Force; AFI 36-2406, Officer and Enlisted Eval Systems, and EOs 9397 and 13478 (SSN).**PURPOSE:** To document effectiveness/duty performance history, promotion selection, reduction-in-force and other appropriate personnel actions.**ROUTINE USES:** Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C., Section 552a(b)(3) and may be disclosed to other federal agencies. The "Blanket Routine Uses" apply.**DISCLOSURE:** VOLUNTARY. However, nondisclosure may result in missing and/or inaccurate documents in the individuals master personnel records which may result in negative career impacting consequences.**SORN:** F036 AF PC A, Effectiveness/Performance Reporting Records**I. IDENTIFICATION DATA** (Read AFI 36-2406 carefully before filling in any item)

| | | | |
|-----------------------------------------------|--------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. NAME (Last, First, Middle Initial) | 2. SSN | 3. RANK | 4. DUTY AFSC |
| 5. ORGANIZATION, COMMAND, AND LOCATION | | | |
| 6. PERIOD OF REPORT FROM: | THRU: | 7. LENGTH OF COURSE WEEK(S) | 8. REASON FOR REPORT <input type="checkbox"/> ANNUAL <input type="checkbox"/> FINAL <input type="checkbox"/> DIRECTED |
| 9. NAME AND LOCATION OF SCHOOL OR INSTITUTION | | | |
| 10. NAME OR TITLE OF COURSE | | | |

II. REPORT DATA (Complete as applicable for final report)

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| 1. AFSC/AERO RATING/DEGREE AWARDED | 2. <input type="checkbox"/> COURSE NOT COMPLETED (List reason in Item 4 below) |
| 3. DISTINGUISHED GRADUATE <input type="checkbox"/> YES (List criteria in Item 4 below) | <input type="checkbox"/> NO DG PROGRAM |
| 4. DG AWARD CRITERIA/COURSE NONCOMPLETION REASON | |

III. COMMENTS (Mandatory)

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| ACADEMIC/TRAINING ACCOMPLISHMENTS |
| PROFESSIONAL QUALITIES (Bearing, appearance, conduct, fitness) |
| OTHER COMMENTS |

IV. EVALUATOR

| | | |
|---------------------------------------------|------------|-----------|
| NAME, RANK, BR OF SVC, ORGN, COMD, LOCATION | DUTY TITLE | DATE |
| | SSN | SIGNATURE |