

STRATEGIC GRADE PLATE GENERAL 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)
g. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND				h. UIC	i. REASON FOR SUBMISSION	
j. PERIOD COVERED FROM (YYYYMMDD) THRU (YYYYMMDD)		k. RATED MONTHS	l. NON RATED CODES	m. NO. OF ENCLOSURES	n. RATED OFFICER'S EMAIL ADDRESS (.gov or .mil)	

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
a5. EMAIL ADDRESS (.gov or .mil)		a6. RATER SIGNATURE		a7. DATE (YYYYMMDD)
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)		b2. SSN (or DOD ID No.)	b3. RANK	b4. POSITION
b5. SENIOR RATER'S ORGANIZATION	b6. BRANCH	b7. COMPONENT	b9. EMAIL ADDRESS (.gov or .mil)	
b8. SENIOR RATER PHONE NUMBER		b10. SENIOR RATER SIGNATURE		b11. DATE (YYYYMMDD)
c. 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			d1. RATED OFFICER SIGNATURE	d2. DATE (YYYYMMDD)

PART III - DUTY DESCRIPTION

a. PRINCIPAL DUTY TITLE	b. POSITION AOC/BRANCH
c. SIGNIFICANT DUTIES AND RESPONSIBILITIES	

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? Reset Item a. APFT/Pass/Fail/Profile
b. COMMENTS ON CHARACTER & POTENTIAL:

PART V - SENIOR RATER EVALUATION

COMMENTS ON CHARACTER & POTENTIAL:
