

EVALUATION FORM

Name of Applicant:

The person named above is applying for admission to one or more of the U.S. Service Academies. The academies provide a college education leading to commissioning as an officer in the Armed Forces. The questions asked here are to help select the best possible candidates. By law, all admissions materials must be shown to an applicant on request. We know that we are asking you for considerable time and effort to complete this form. Please know that your generous help is appreciated.

1. How long have you known the applicant and in what connection?

2. What are the applicant's talents or strengths for leadership?

3. What do you consider the applicant's weaknesses to be?

4. How does the applicant handle stressful situations?

5. Do you know of any personal circumstances that might affect the applicant's performance, either positively or negatively, at an academy?

Name of Evaluator (printed) Title

6. Please evaluate the applicant by putting an X on the line that best describes his or her performance in that area as compared to all other college bound students you have observed. For example, "In this category, does this student rank in the top 1%, top 5%, top 10%, top 15% or top 50%?"

	Top:	1%	5%	10%	25%	50%
1. Ability to work under pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Respect for authority		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maturity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to work with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to lead others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Integrity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Perseverance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Competitiveness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to adapt to new situations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to finish tasks unsupervised		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to follow instructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General comments:

Name (signature) Date

Name of Evaluator (printed)

Title Telephone