

STATUS REPORT ON COMMISSIONED CORPS OFFICERS DURING PROBATION

PART I

OFFICER'S NAME/GRADE		PHS NO.
LATEST ENTRY ON DUTY DATE		DATE PROBATION ENDS
AGENCY/DUTY STATION	BILLET TITLE	
ADDRESS	BILLET GRADE	PREVIOUS BILLETS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	LENGTH OF TIME IN BILLET	

PART II

A. PERFORMANCE HISTORY

PREVIOUS OVERALL COER RATINGS	(a)	(b)
PERFORMANCE STRENGTHS		
PERFORMANCE DEFICIENCIES		

B. RECOMMENDED ACTION

ACTION NEEDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OFFICER NEEDS ADDITIONAL PERFORMANCE COUNSELING/TRAINING IN CURRENT ASSIGNMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comment:		
OFFICER NEEDS CAREER COUNSELING AND/OR ANOTHER ASSIGNMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comment:		

PART III

NAME OF RATING OFFICIAL <i>(Typed or Printed)</i>	TITLE
SIGNATURE OF RATING OFFICIAL	DATE
SIGNATURE OF OFFICER	DATE
PROGRAM / AGENCY REVIEW / CONCURRENCE	
NAME OF REVIEWING OFFICIAL <i>(Typed or Printed)</i>	TITLE
SIGNATURE OF REVIEWING OFFICIAL	DATE
NAME OF COER LIAISON OFFICIAL <i>(Typed or Printed)</i>	TITLE
SIGNATURE OF COER LIAISON OFFICIAL	DATE
NAME OF AGENCY LIAISON <i>(Typed or Printed)</i>	TITLE
SIGNATURE OF AGENCY LIAISON	DATE
ACTION PLAN PREPARED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE PREPARED
Comment:	