


CANDIDATE NO.



## U.S. Air Force Academy

### SCHOOL OFFICIAL'S EVALUATION OF CANDIDATE

THIS FORM COMES UNDER THE PURVIEW OF THE PRIVACY ACT OF 1974

OMB NO. XXXX-XXXX EXP XX/XX/XX

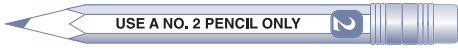
CANDIDATE NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

SOCIAL SECURITY NO.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

MI

FIRST NAME

LAST NAME



**CANDIDATE: Fill in your name, candidate number and SSN prior to submitting to the school official.**

**TO BE COMPLETED BY THOSE INSTRUCTORS SPECIFIED IN INSTRUCTIONS FOR CANDIDATES**

**PLEASE PRINT**

EVALUATOR PRINTED NAME and TITLE \_\_\_\_\_

SCHOOL \_\_\_\_\_

( ) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SPECIFY EVALUATION TYPE**

ENGLISH INSTRUCTOR

MATH INSTRUCTOR

CHEMISTRY/PHYSICS

**INSTRUCTIONS FOR THE SCHOOL OFFICIAL:**

Please evaluate the following statements concerning the above named candidate. Mark only one choice for each statement. Rate the statements on how well the quality describes the candidate in relation to his/her peers. **This form should not be returned to the student – please return it in the Business Reply envelope provided.**

If you wish to stipulate confidentiality as a condition for providing information, then any information provided on this form (including your identity, as well as the substance of the information) will be held confidential and will not be shared with the candidate. If you do not request confidentiality, then you will not be deemed a confidential source and under the terms of the Privacy Act, the candidate would have access to this form.

**Do you wish to stipulate confidentiality as a condition for providing information?**       YES     NO

----- FOLD WITH DOTTED LINE ON THE OUTSIDE -----

ABOVE AVERAGE TOP 10%  
 BELOW AVERAGE  
 NOT OBSERVED

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. WORKS TOWARD GROUP GOALS WHEN IN A SUBORDINATE POSITION                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. INFLUENCES OTHERS IN A POSITIVE MANNER                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. DEMONSTRATES PERSONAL INTEGRITY  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. COMMUNICATES EFFECTIVELY IN FACE TO FACE DISCUSSION                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. COMMUNICATES EFFECTIVELY IN WRITTEN WORK                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. EXERTS MAXIMUM EFFORT SHOWING A STRONG DESIRE TO ACHIEVE IN EVERY FIELD      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. SETS HIGH STANDARDS FOR OWN PERFORMANCE IN A NUMBER OF AREAS OF ACTIVITY     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. ACCEPTS CRITICISM AND MAKES IMPROVEMENTS FROM IT                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. ADJUSTS TO A DEMANDING SCHEDULE OF ACTIVITIES WITHOUT NEGLECTING SCHOOL WORK | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. ACCEPTS FULL RESPONSIBILITY FOR OWN ACTIONS                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. PERSISTS WHEN SOLVING PROBLEMS  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. SEEKS ACADEMIC CHALLENGES BEYOND THAT REQUIRED BY NORMAL COURSE WORK.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**REMARKS: THIS FORM MUST BE COMPLETED BY AN ENGLISH, MATHEMATICS, CHEMISTRY OR PHYSICS INSTRUCTOR FROM EITHER YOUR SENIOR OR JUNIOR YEAR.** (Please comment on both the candidate's academic performance and his/her potential in your discipline. In addition, we request that you offer your opinion as to this candidate's character and integrity as compared to his or her peers.)

\_\_\_\_\_  
SIGNATURE OF EVALUATOR

**PRIVACY ACT STATEMENT** Authority: Title 10 USC Ch 603 Sec 6958; AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN and CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude appointment. RELEASE AUTHORIZATION: Submission of this form constitutes requisite written authorization by the party about whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.

**USAF A FORM 145, 2004XXXX**