



United States Military Academy

School Official's Evaluation of Candidate

Form Approved -
OMB# 0702-0061
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The public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, U.S. Military Academy, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1906.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 0397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

FOLLOW THESE STEPS IN FILLING OUT THIS FORM:

- 1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's.
- 2) Completely fill in all bubbles: A B C D E
○ ○ ● ○ ○
- 3) For optimum accuracy, write block style without touching sides:



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| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | |

- 4) If you make an error, completely cross out entry and re-write.
- 5) Do not send in a photo copy of this form. Only the original will be read.
- 6) Give this form to the instructors specified in your Instructions for Applicants.
- 7) Do not staple this form.

Candidate Data

First Name

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M.I.

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Last Name

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Social Security Number

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| 2 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 3 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 4 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 5 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 6 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 7 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 8 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 9 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 0 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |



42994

School Official Data

Your Position:

- English Instructor
- Math Instructor
- Physics / Chemistry Instructor

Please evaluate the candidate using the following statements and specify the degree to which you agree with each statement. If you disagree or disagree strongly (4 or 5 rating) with any statement, please explain in the remarks section below.

1=Agree Strongly; 2=Agree; 3=Neither agree nor disagree; 4=Disagree; 5=Disagree Strongly

This candidate has demonstrated an ability to:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Show interest and concern for the welfare of others. |
| <input type="checkbox"/> | 2. Work effectively with others toward group goals. |
| <input type="checkbox"/> | 3. Influence others in a positive manner. |
| <input type="checkbox"/> | 4. Communicate effectively in face to face discussion. |
| <input type="checkbox"/> | 5. Communicate effectively in written work. |
| <input type="checkbox"/> | 6. Set an example of good conduct for others. |
| <input type="checkbox"/> | 7. Set high standards for own performance in a number of activities. |
| <input type="checkbox"/> | 8. Maintain composure and perform effectively under pressure. |
| <input type="checkbox"/> | 9. Adjust to demanding schedule of activities without neglecting school work. |
| <input type="checkbox"/> | 10. Seek academic challenge beyond that required by normal course work. |
| <input type="checkbox"/> | 11. Reach sound logical conclusions based on analysis of facts. |
| <input type="checkbox"/> | 12. Accept full responsibility for own actions. |

Remarks:

Please tell us how you feel this candidate will perform at the college level in your area. If you need more space, use another sheet of paper. Thank you for your time, concern and cooperation.

You have the right to request confidentiality as a condition for providing information about this candidate. Otherwise, your identity will be disclosed. Please choose one of the options to the right.

- I prefer my identity remain confidential
- My identity may be disclosed

School Official Printed Name, Title and School

Phone ()

School Official
Signature and Date:

30699