

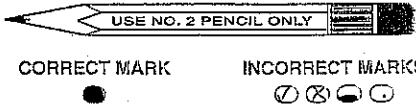
U.S. Air Force Academy
 SCHOOL OFFICIAL'S EVALUATION OF CANDIDATE
 THIS FORM COMES UNDER THE PURVIEW OF THE PRIVACY ACT OF 1974
 OMB NO. 0701-0152 EXP 07/31/2007

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 |

PRINT NAME IN THIS SPACE

Last Name First Name Middle Initial



CANDIDATE: Fill in your name and SSN prior to submitting to the school official.

TO BE COMPLETED BY THOSE INSTRUCTORS SPECIFIED IN INSTRUCTIONS FOR CANDIDATES

 EVALUATOR PRINTED NAME AND TITLE

 SCHOOL

 SCHOOL ADDRESS (Include street, city, state, and zip)

()
 PHONE NUMBER DATE

PLEASE SPECIFY EVALUATION TYPE

ENGLISH INSTRUCTOR

MATH INSTRUCTOR

OTHER (HISTORY, SCIENCE, ETC.)

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 -----

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | NOT OBSERVED | | | | |
| | BELOW AVERAGE | | | | |
| | ABOVE AVERAGE | | | | |
| | TOP 10% | | | | |
| | TOP 1% | | | | |
| 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, or another instructor from either your Senior or Junior Year.

So that we might know this applicant better both as a student and a person, please share your impressions and those of your colleagues. Comment on both the candidate's academic performance and his/her potential in your discipline and how they compare with the entire class. What traits (either positive or negative) is the applicant noted for? What special circumstances in the student's background would help us better understand and appreciate his or her academic or extracurricular performance? We would also like to know about any personal circumstances, unusual accomplishments, or obstacles overcome that make this student exceptional. If there are anecdotes or examples that illustrate your comments, please use them.

Continue remarks on the back

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 FORM 145, 20000621

Remarks continued

SIGNATURE OF EVALUATOR

Public reporting burden for this collection of information is estimated to average 30 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 of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0701-0152). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to Office of Admissions, HQ USAFA/RRS, 2304 Cadet Dr, Suite 2400, USAF Academy, CO 80940-5025