



SELF ASSESSMENT FORM

OMB CONTROL NUMBER:

OMB EXPIRATION DATE:

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, _____, is estimated to average 45 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. 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.



SELF-ASSESSMENT FORM

Name:

Role with the Company:

Company and CAGE:

1. Which areas of expertise did you utilize during this assessment period?

national security information security personnel security industrial security
finance business development cybersecurity network operations acquisition
business operations technology other

2. How would you assess your overall effectiveness fulfilling your fiduciary duties to the Company during this assessment period?

3. How would you assess your overall effectiveness fulfilling your duty to protect national security information?

4. How would you assess your understanding of the threat to the company's critical technologies, assets, and information?

5. How and from whom do you receive the threat information?

6. How would you characterize your understanding of the vulnerabilities to the company's critical technologies, assets, and information?

7. How and from whom do you receive information on vulnerabilities?

8. How would you characterize your professional relationship with the following groups or individuals?

9. What are areas for improvement in your performance of your fiduciary and national security duties during the next assessment period, and how do intend to sustain or improve your level of performance?

Signature:

Date:

E-mail:

Phone: