

COMMUNITY MENTAL HEALTH SERVICE
COMMANDER'S EVALUATION

DATE

TO: COMMUNITY MENTAL HEALTH SERVICE
FORT DRUM, NY 13602-5004

FROM:

1. REASON FOR EVALUATION:

INDIVIDUAL'S OWN REQUEST

PHYSICIAN, CHAPLAIN, ETC. REQUEST

ADMINISTRATIVE SEPARATION (CHAPTER)

PRE-TRIAL EXAMINATION

OTHER (STATE BELOW)

2. Name & Grade:

3. SSN:

4. Age:

5. Marital Status:

6. Organization:

7. Length Of Time In Unit:

8. Length Of Service:

9. ETS:

10. AFQT / GT Scores:

11. Duty MOS / Title:

12. Is This His / Her Primary MOS?

13. Conduct:

14. Efficiency:

15. Civilian Offenses And Dates:

16. Articles 15, Court Martial's, Etc. And Dates:

17. Physical Profile Limitations:

18. General Physical Ability:

19. Briefly State Nature Of Problem Leading To Referral:

20. Have You Discussed The Problem With The Individual Yes No

Service Member Is Aware Of The Reason For Referral And Has Been Given At Least 48 Hours Notice Of The Appointment, As Well As Given The Opportunity To Speak With Other Authorities, i.e., IG, JAG.

Service Member's Signature

Date

21. Is Board Action, Reassignment, Transfer, Or Other Administrative / Disciplinary Action Contemplated?

If Yes, Specify:

22. Has He / She Submitted Any Requests For Reassignment, Discharge, Change Of MOS, etc., In The Past 6 Months?

23. What Measures Have Already Been Tried To Correct This Individual's Problem?

24. Positive Qualities:

- | | | |
|---|---|--|
| <input type="checkbox"/> Neat Appearance | <input type="checkbox"/> Responsible | <input type="checkbox"/> Motivated For Service |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Physically Healthy | <input type="checkbox"/> Makes Friends Easily |
| <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Possesses Valuable Skill (Specify): |

25. List Problem Areas (such as bad temper, a "loner", nervousness, frequent sick calls, abuse of drugs / alcohol, indebtedness, suspicious, cries easily, bed wetting, etc.

26. Other Comments That May Be Helpful To CMHS:

27. Specific Questions About This Individual That You Would Like CMHS To Answer:
(Leave Blank If Chapter 13, 14, or 15 Evaluation)

Typed Name and Title of Commanding Officer

Signature

Phone Extension