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PHS Serial Number

COMMISSIONED OFFICERS' EFFECTIVENESS REPORT

(download instructions at <http://dcp.psc.gov/coerinstructions.pdf>)

SECTION I -- RATED OFFICER INFORMATION

| | |
|----------------|-------------------------------|
| Officer's Name | Present Position/Billet Title |
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OPDIV:

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Rated Officer must describe duties, accomplishments, and goals on an attached page (only one page permitted - additional pages will be discarded).

SECTION II -- COMPLETED BY SUPERVISOR - scale: E is highest/A is lowest rating (attach single page for all comments-additional pages discarded)

- A B C D E **1. QUANTITY OF WORK**
- A B C D E **2. QUALITY OF WORK**
- A B C D E **3. PUNCTUALITY OF WORK**
- A B C D E **4. INITIATIVE, CREATIVITY, AND JUDGEMENT**
- A B C D E **5. PLANNING AND ORGANIZING**
- A B C D E **6. ABILITY TO ANALYZE PROBLEMS**
- A B C D E F **7. SUPERVISORY SKILLS**
- A B C D E **8. ABILITY TO WORK WITH OTHERS**
- A B C D E **9. ABILITY TO EXPRESS SELF VERBALLY AND IN WRITING**
- A B C D E **10. PROFESSIONAL SKILLS IN PRESENT ACTIVITY**
- A B C D E **11. RESPONSIVENESS TO SUPERVISION**
- A B C D E F **12. RESPONSE TO CRISES**
- A B C D E F **13. GROWTH IN SKILLS DURING RATING PERIOD**
- A B C D E **14. COMMITMENT TO PROGRAM GOALS**
- A B C D E F **15. MANAGERIAL RESPONSIBILITY**
- A B C D E **16. WEARING OF THE PHS UNIFORM**
- A B C D E F **17. EQUAL OPPORTUNITY**
- A B C D E **18. OVERALL JOB PERFORMANCE**

| | | | |
|--|-----------------------------|---------------------------|--|
| Supervisor's Name & Grade (please print) | Supervisor's Signature/Date | Supervisor's Phone Number | How long have you supervised this officer? |
|--|-----------------------------|---------------------------|--|

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| Date of Report: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | Period Covered by Report _____ through _____ | Type of COER <input type="radio"/> Transfer (officer or supervisor) <input type="radio"/> Other _____ |
| | | | | | | | | | | | | | | | | | | | | |
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SECTION III -- SIGNATURE OF OFFICER AND REVIEWING OFFICIAL

1. TO BE FILLED OUT BY OFFICER BEING RATED:

A. I concur with this evaluation.

B. I disagree with this evaluation, comments are attached.

Rated Officer Signature/Date:

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I have read this evaluation and had an opportunity to discuss it and have retained a copy.

2. TO BE FILLED OUT BY REVIEWING OFFICIAL:

A. I concur with this evaluation.

B. Although this evaluation is reasonable, this rater is a somewhat *more* demanding rater than most.

C. Although this evaluation is reasonable, this rater is a somewhat *less* demanding rater than most.

D. I disagree with this evaluation in the following ways:

COMMENTS:

IF ANY REVIEWING OFFICIAL DOES NOT CONCUR FULLY, IT IS HIS/HER RESPONSIBILITY TO PROVIDE THE RATED OFFICER WITH A COPY REFLECTING THE NON-CONCURRING COMMENTS.

| | |
|---|------------------------------------|
| Reviewing Official Name/Title (please print): | Reviewing Official Signature/Date: |
|---|------------------------------------|

**Commissioned Officers' Effectiveness Report
Attachment 1 (to Section I)
TO BE FILLED OUT BY OFFICER BEING EVALUATED**

Name of Officer: _____
Officer's PHS Number _____
COER Date: ____ / ____ / _____

Duties, Accomplishments, and Goals:

Empty box for reporting duties, accomplishments, and goals.

Commissioned Officers' Effectiveness Report
Attachment 2 (to Section III)
TO BE FILLED OUT BY OFFICER'S SUPERVISOR (RATER)

Name of Officer: _____
Officer's PHS Number _____
COER Date: ____ / ____ / _____

Rater's Comments:

Large empty rectangular box for Rater's Comments.