

**COMMAND DIRECTED EVALUATION REQUEST**

**THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974.**

*(Use DD Form 2005, PAS-Health Care Records)*

**ALL ENTRIES MUST BE PRINTED LEGIBLY IN BLACK INK OR TYPED.**

**SECTION I. REFERRING COMMAND.**

SQUADRON		DATE OF REQUEST	
COMMANDER'S NAME (Last, First, Middle Initial)		GRADE	DUTY PHONE NUMBER
FIRST SERGEANT'S NAME (Last, First, Middle Initial)		GRADE	DUTY PHONE NUMBER

**SECTION II. EVALUEE INFORMATION.**

NAME (Last, First, Middle Initial)		GRADE	DUTY PHONE	AQE SCORES	
AGE	SSN	TIS	DOS	AFSC	TIME AT UNIT
DUTY TITLE	CARRY WEAPON	SECURITY CLEARANCE	MARITAL STATUS	CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO	EDUCATION LEVEL

**SECTION III. REASON FOR REFERRAL.** *(Provide detailed description.) (Continue on additional sheets if necessary.)*

A. Description of problem appearance, behavior, etc. (Why do you feel member behavior/difficulty, warrants evaluation?)

B. What specific questions do you want the mental health clinic to answer?

C. Individual's General Physical Ability and Endurance?

D. Describe habits such as alcohol use, drug use, and other significant activities.

E. What is members emotional response to stress?

**SECTION IV. INDICATE ACTION TAKEN TO HELP MEMBER SOLVE PROBLEM(S).**

*(Empty space for describing actions taken)*

**SECTION V. CONTINUED ASSIGNMENT WITH ORGANIZATION.**

DESIRED  NOT DESIRED

**SECTION VI. CHECK ANY PROPOSED ADMINISTRATIVE/DISCIPLINARY ACTIONS.**

<input type="checkbox"/>	Article 15	<input type="checkbox"/>	Administrative Separation
<input type="checkbox"/>	Remove Security Clearance	<input type="checkbox"/>	Re-Train
<input type="checkbox"/>	Remove Weapon	<input type="checkbox"/>	Extra Duty
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

**SECTION VII. LIKELIHOOD OF SATISFACTORY COMPLETION OF CURRENT ENLISTMENT.** *(Check one)*

VERY PROBABLE  PROBABLE  UNLIKELY  VERY UNLIKELY

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**SECTION VIII. EVALUEE'S CURRENT WORK PERFORMANCE.** (Check one.)

OUTSTANDING     EXCELLENT     GOOD     MARGINAL     POOR

**EVALUEE'S PAST WORK PERFORMANCE.** (Check one.)

OUTSTANDING     EXCELLENT     GOOD     MARGINAL     POOR

LAST THREE OFFICER/  
ENLISTED PERFORMANCE REPORTS

DESCRIBE MEMBER'S STRENGTHS, WEAKNESS, JUDGMENT, RELIABILITY, ABILITY TO GET ALONG WITH COWORKERS, SUBORDINATES, AND SUPERVISOR.

LIST MEMBER'S AWARDS AND OUTSTANDING ACCOMPLISHMENTS.

**SECTION IX. EVALUEE'S PAST ADMINISTRATIVE HISTORY.** (Check one.)

<input type="checkbox"/>	Decert PRP	<input type="checkbox"/>	Considered Administrative Separation
<input type="checkbox"/>	Removed Security Clearance	<input type="checkbox"/>	Article 15
<input type="checkbox"/>	Removed Weapon	<input type="checkbox"/>	Extra Duty
<input type="checkbox"/>	Cross Trained	<input type="checkbox"/>	Other:

NOTE: Request copies of LOCs, LORs, Article 15, members that are significant to this referral.

**SECTION X. MHC PROVIDER NOTIFICATION.**

DATE	TIME	NAME (Last, First, Middle Initial)	GRADE
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**SECTION XI. EVALUEE'S APPOINTMENT TIME NOTIFICATION.**

1ST APPOINTMENT	DATE	TIME	REASON PSYCH TESTING	EVALUEE'S INITIALS
2D APPOINTMENT	DATE	TIME	REASON EVALUATION	EVALUEE'S INITIALS

**SECTION XII. EVALUEE'S SIGNATURE.**

I have been briefed on the reasons for this referral and have been given two duty days notice to seek legal counsel if I so choose. I have the right to an additional evaluation by a mental health professional of my choosing at my expense. I may contact the Area Defense council or the Inspector General (IG) if I have a complaint.

DATE	TIME	SIGNATURE
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**SECTION XIII. COMMANDER'S SIGNATURE.** (Only the commander or the commander's rater may sign.)

DATE	TIME	SIGNATURE
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**INFORMATION FOR THE COMMANDER**

Upon completion, this request is sent to the Mental Health Clinic as soon as possible. The request must be received prior to the evaluatee's first appointment. Following the Mental health Evaluation, a written report will be provided to the commander explaining the findings as well as the recommendations. Please consider the recommendations of the mental health profession in determining what action to take regarding the evaluatee.  
If