

**DEPARTMENT OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
ANG ACTIVE DUTY PERFORMANCE RATING**

(For Duty pursuant to Title 32 USC 502f or 10 USC 678 (Proponent: NGB/DP))

1. NAME (Last, First, Middle)	2. SSAN	3. POSITION TITLE/GRADE
4. UNIT/LOCATION		5. RATING PERIOD From: _____ To: _____

6. TYPE OF RATING **ANNUAL** **SPECIAL** _____

7. Overall Evaluation, as substantiated by the required narrative:

SUPERIOR - The overall performance clearly indicates unusual growth potential. The member should be strongly considered for the next available promotion opportunity or reassignment to a position of greater responsibility.

EXCELLENT - This overall performance demonstrated during this rating period consistently exceeded that prescribed in the job description, and the member is fully deserving of future promotion consideration.

SATISFACTORY - The member met all job requirements and should be continued in this assignment.

MARGINAL - Although performance in some aspects of the job is adequate, the member should make significant improvements in other specific areas to be retained in present position.

UNSATISFACTORY - Based on demonstrated performance, this member should not be continued in his/her present position.

8. Block 8a on the reverse is to be used for a narrative summary of the member's performance during the rating period. As appropriate, the following areas are recommended for possible inclusion in the narrative and for discussion during the required counseling session. Neither the narrative nor the counseling session is limited to these areas. Bullet statements may be used at the discretion of the rater. Be specific; avoid abstract or vague words. The use of a supplemental sheet is limited to referral reports or when the reviewing official nonconcurs with the rating; it must be signed by the initiator and ratee.

Professional Factors: Job knowledge, job performance.

Personal Traits: Initiative, reliability, military bearing.

Assessment of Growth Potential Based On: Leadership (*including directing and counseling*), communicative skills (*speaking, listening, and writing*), education (*PME and civilian*).

Assignment Recommendation _____

8a. Narrative

9. The member and immediate supervisor have discussed the performance of the member during the rating period shown. The discussion included all factors addressed in the narrative above. The member's signature on the form indicates only that the required evaluating discussion has taken place and he/she is aware of the rating assigned or recommended. It does not signify agreement with the rating.

Member's Signature _____

Date _____

10. Rater *(Name, Grade, Organization, Location)*

Duty Title

Date

Signature _____

11. Reviewing Official *(Reviewing Official is the full time supervisor of the rater. If the Reviewing Official is a Colonel, block 12 need not be completed).*

Concur

Nonconcur *(If you nonconcur, initial the rating which you feel best reflects the ratee's performance potential. Substantiate on an attached comment sheet.)*

Name, Grade, Organization, Location

Duty Title

Date

Signature _____

12. Approving Official *(Approving Official is the full time officer senior to the Reviewing Official in the full time chain of command. See ANGR 39-62, para 1-4e, for specific details.)*

Name, Grade, Organization, Location

Duty Title

Date

Signature _____