

### TRAINING EVALUATION SUMMARY

For use of this form, see AR 135-205; the proponent agency is DCS, G1.

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 275.  
PRINCIPAL PURPOSE: To provide career managers with evaluation of MOS qualification for mobilization purposes. Required when an individual completes an AT/ADT/SADT tour.  
DISCLOSURE: Voluntary. The SSN is used to identify the individual. If not provided the member may not be credited with this tour and will be denied future tours.

**GENERAL INSTRUCTIONS:** This form will be used for Individual Ready Reservists in grades E-4 and below participating in AT/ADT/SADT and will be completed by the reservist's immediate supervisor.

1. RESERVIST'S NAME <i>(Last, First, MI)</i>	2. RANK	3. SSN
4. TRAINING UNIT	5. LOCATION	
6. TRAINING DATES:  From: _____ To: _____	7. RESERVIST IS: <input type="checkbox"/> a. Qualified <input type="checkbox"/> b. Not Qualified to perform in this MOS upon mobilization.  <input type="checkbox"/> c. Unable to Evaluate <i>(If blocks 7b or 7c are checked, explain in item 8 below.)</i>	
6a. During this training period the above named individual performed in _____ MOS.		
8. COMMENTS: <i>(Include suggested schooling, counterpart training, etc., which would qualify them for mobilization in their Primary Secondary MOS. If additional space is needed, continue on plain paper.)</i>  a. Height: _____ in. Weight: _____ lbs. b. APRT: <input type="checkbox"/> Pass <input type="checkbox"/> Fail; APRT Date: _____ <input type="checkbox"/> Profile/Not administered <i>(Explain below)</i>		

9. NAME/RANK OF SUPERVISOR	10. SIGNATURE
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#### INSTRUCTIONS

**FOR INDIVIDUALS:** This form must be in your possession when you report for your tour of Active Duty. You must present it to your immediate supervisor as soon as you are assigned your duty position.

**FOR SUPERVISORS:** The purpose of this form is to provide career managers with an evaluation of the individual soldier's ability to perform in his or her mobilization specialty. If, in your evaluation, this individual is fully qualified then future training will be programmed to maintain proficiency in this MOS and develop Secondary, Additional, or Special qualification skills. If you determine this individual is not fully qualified, please make suggestions for future training which will assist this individual in becoming fully qualified in that MOS. Your suggestions will be used for programming future training.

This completed Training Evaluation Summary is to be mailed to Commander, ARPERCEN, ATTN: DARP-EPO, 9700 Page Boulevard, St. Louis, MO 63132 within 15 days after completion of the training tour.