# CADET SELF ASSESSMENT REPORT

ROTC Cdt Cmd Reg 145-3
REQUIREMENTS CONTROL SYMBOL ATCC-

| Cadet | Unit | Duty Position | Length (Hours) | Date |
|---|---|---|---|---|
| | | | | |

SUMMARY OF PERFORMANCE . Card ___ of

CDT CMD Form 156-2-R Dec

My Strongest Dimensions: (list 1, 2 or 3)

Dimensions I Need to Improve: (list 1, 2 or 3)

**Complete self-assessment to this point and turn it in prior to counseling**

## Cadet Summary of Counseling

My Strong Dimensions (As Noted by Evaluator): (list)

Dimensions to Improve (As Noted by Evaluator): (list)

Actions I Plan to Take: (sentences or bullets)

| Cadet's Signature | Date |
|---|---|
| | |