

SECURITY CLASSIFICATION (if any)

EMPLOYEE SELECTION PROGRAM

PSYCHOLOGICAL EVALUATION REPORT

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
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1. PSYCHOLOGICAL ASSESSMENT BATTERY ADMINISTRATION		TECHNICIAN	DATE (YYYYMMDD)
OBSERVATIONS	<input type="checkbox"/> COMPLETED QUICKLY _____ MINUTES		

2. PSYCHOLOGICAL ASSESSMENT BATTERY REVIEW		PSYCHOLOGIST	DATE (YYYYMMDD)
INTERVIEW FOCUS	<input type="checkbox"/> WITHIN NORMAL LIMITS/MMPI-2 <input type="checkbox"/> ESSENTIALLY NEGATIVE PERSONAL HISTORY		

3. CLINICAL INTERVIEW		PSYCHOLOGIST	DATE (YYYYMMDD)
KEY FINDINGS	<input type="checkbox"/> NO SIGNIFICANT HISTORY/ISSUES		

RISK RATING:	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH	<input type="checkbox"/> RECOMMEND DISCUSSION AT PERSONNEL EVALUATION PANEL (PEP)
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4. PSYCHOLOGICAL EVALUATION REVIEW		PSYCHOLOGIST	DATE (YYYYMMDD)
CONCLUSIONS	<input type="checkbox"/> No indication of vulnerability to poor judgement, unreliable behavior or significantly impaired functioning <input type="checkbox"/> No indication of substantial risk for poor judgement, unreliable behavior or significantly impaired functioning		

RISK RATING:	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH	<input type="checkbox"/> REFER FOR DISCUSSION AT PEP
5. PERSONNEL EVALUATION PANEL		REPRESENTATIVE	DATE (YYYYMMDD)	

FINAL RISK RATING:	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH	<input type="checkbox"/> PSYCHOLOGICAL RISK COUNSELING
FINAL PEP DECISION:	<input type="checkbox"/> Continue Processing <input type="checkbox"/> Discontinue Processing <input type="checkbox"/> No Decision <input type="checkbox"/> Return to Panel after BI/RePG/RePsych			

Approved for Release by NSA on 02-16-2007, FOIA Case # 42877

Privacy Act Statement: Auth for collecting info is contained in 50 U.S.C. 402 (a); 50 U.S.C. 403-3(c)(6) and EO 10450, 10865, 12333, 12958, and 12968. Auth for collecting SSN is EO 9397. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, 09, and 10 apply to this info. The req. info will be used (principally) to determine your suitability and security eligibility for a reassignment. Disc of req. info is vol. but refusal to provide req. info, other than SSN, may prevent Agency from making a favorable decision, or any decision at all, regarding your reassignment.

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PSYCHOLOGICAL SERVICES' REASSIGNMENT QUESTIONNAIRE
Use Page 6 for Additional Comments

TODAY'S DATE (YYYY-MM-DD)

NAME (Last)	(First)	(M)	AGE	SSN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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FOR AGENCY AFFILIATES ONLY

<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> MILITARY	<input type="checkbox"/> PCS	<input type="checkbox"/> TDY	<input type="checkbox"/> SPECIAL DUTY	JOB TITLE	RANK OR GS LEVEL (if applicable)
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FOR ALL TO COMPLETE

EDUCATION (Highest grade or degree)	MARITAL STATUS
	<input type="checkbox"/> SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED

(Last)	CHILDREN NAMES (First)	(M)	AGE	CHECK APPLICABLE COLUMN			WILL ACCOMPANY YOU?	
				BIOLOGICAL	ADOPTED	STEPCHILD	YES	NO

Please respond truthfully to the following questions. Failure to do so can negatively affect your selection. Your responses are considered confidential psychological information, and handled accordingly. For "YES" responses, please provide comments.

FAMILY OF ORIGIN:	YES	NO	COMMENTS
1. Were you raised by your biological parents? (if NOT, who raised you?)			
WAS THERE:			
2. Any abuse in your household?			
3. Neglect of you and/or your siblings?			
4. A serious rift in your relationship with a parent or sibling?			
5. Alcohol or drug abuse?			
6. Criminal behavior by a family member?			
7. A major psychiatric disorder (e.g. manic-depressive illness/bipolar disorder, schizophrenia, clinical depression) on the part of a family member?			
8. An attempted or actual suicide by a family member?			
9. A psychiatric hospitalization of a family member?			
10. Accidental or violent death of a family member?			

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WORK:	YES	NO	COMMENTS
IN THE LAST 3 YEARS, HAVE YOU _____ AT WORK?			
11. Been counseled for performance problems			
12. Had conflicts with managers or co-workers			
13. Been the subject of an investigation or complaint			
14. Been the subject of an administrative action (formal counseling, suspension, etc.)			
15. Been involuntarily transferred or removed from your position			
16. Had your security clearance suspended or revoked			
<i>(Military ONLY)</i>			
17. Received a letter of counseling, Article 15, Captain's mast, etc.			
MARRIAGE:	YES	NO	COMMENTS
HAVE YOU AND/OR YOUR SPOUSE (or intimate partner) EVER:			
18. Been unfaithful?			
19. Separated due to conflict?			
20. Had physical altercations?			
21. Had marriage or couples counseling?			
22. Initiated a legal separation?			
23. Divorced?			

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CHILDREN:	YES	NO	COMMENTS
HAS ANY OF YOUR CHILDREN:			
24. Had disciplinary problems in school?			
25. Been suspended or expelled from school?			
26. Failed out of school?			
27. Had a learning disability?			
28. Been diagnosed with Attention Deficit Disorder (ADD or ADHD)?			
29. Been diagnosed with conduct disorder or oppositional defiant disorder?			
30. Been prescribed medication, e.g. Ritalin, Adderall, Dexedrine for ADD/ADHD?			
31. Had a speech problem requiring speech therapy?			
32. Had a physical disability that could affect his or her learning?			
33. Been diagnosed as mentally retarded?			
34. Been diagnosed as having pervasive developmental disorder?			
35. Had an IEP (Individual Educational Plan)?			
36. Been on medication for anxiety, depression, or other psychological disorder?			
37. Been diagnosed with bipolar disorder or schizophrenia?			
38. Been hospitalized for a psychiatric condition?			
39. Been in psychiatric or psychological treatment?			
40. Abused alcohol or drugs?			

NAME AND AGES OF CHILDREN WITH ANY ISSUES PERTAINING TO QUESTIONS #24-40

41. Will this child/these children accompany you on the assignment?			
42. If so, do you have a plan for follow-up care for the assignment?			

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PSYCHOLOGICAL ISSUES:	YES	NO	COMMENTS
<i>IN THE LAST YEAR, HAVE YOU, FOR A WEEK OR MORE:</i>			
43. Felt sad, blue, moody, "down in the dumps"?			
44. Had difficulty concentrating, remembering?			
45. Had difficulty falling asleep or staying asleep?			
46. Had fatigue or low energy?			
47. Been very irritable?			
48. Constantly worried, feared the worst?			
49. Cried easily?			
50. Felt hopeless, pessimistic about the future?			
51. Had very low self-esteem and confidence?			
52. Felt restless, unable to sit still?			
53. Had unusual energy and required little sleep?			
54. Had extreme mood swings?			
55. Often felt angry?			
56. Been worried that you might lose control?			
<i>HAVE YOU EVER:</i>			
57. Had a serious head injury/concussion?			
58. Had a learning disability?			
59. Been the victim of violence?			
60. Been traumatized?			
61. Been severely depressed, so that it interfered with your normal activities?			
62. Intentionally hurt yourself?			
63. Assaulted or intentionally harmed anyone?			
64. Had urges or impulses you were unable to control?			
65. Been evaluated for a psychological or psychiatric problem?			
66. Been given a psychiatric diagnosis?			

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PSYCHOLOGICAL ISSUES: (Continued)	YES	NO	COMMENTS
HAVE YOU EVER:			
67. Been treated by a mental health professional?			
68. Been hospitalized for a psychiatric problem?			
69. Taken medication for a psychological or psychiatric condition?			
<i>(For Women ONLY)</i>			
70. Had postpartum depression or other psychiatric problems after giving birth?			
71. Had premenstrual dysphoric disorder (PMDD) or premenstrual syndrome (PMS)?			
SUBSTANCE USE:	YES	NO	COMMENTS
72. Have you ever been addicted to a legal or illegal drug?			If so, to what, and when?
73. Do you drink alcoholic beverages?			How often?
			When were you last intoxicated?
			How many drinks per occasion?
			How many drinks do you allow yourself if you have to drive?
74. Have you had any problems (including medical ones) or incidents which have resulted from drinking?			
75. Do you believe any of your biological relatives were or are alcoholics?			
76. Are you a smoker?			If so, how many cigarettes per day?
77. Is overeating a problem for you?			
78. Have you ever been diagnosed with an eating disorder (anorexia, bulimia)?			
LAW ENFORCEMENT:	YES	NO	COMMENTS
79. Have you ever been arrested or detained by civilian or military authorities?			If so, when, for what, and what was the outcome?
FINANCES:	YES	NO	COMMENTS
80. Have you ever declared bankruptcy?			If so, when and what were the circumstances?
81. Have you ever had your wages garnished?			Circumstances?
HAVE YOU HAD FINANCIAL PROBLEMS AS A RESULT OF:			
82. Gambling?			Circumstances?
83. Overspending?			Circumstances?

DOCID: 3114898

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ADDITIONAL COMMENTS (Please reference Item Number with each comment)

PSYCHOLOGICAL TESTING ORDER

DATE ORDERED (YYYY-MM-DD)	PSYCHOLOGIST	RECEIVING TECHNICIAN
NAME (Last)	(First)	(MI)
<input type="checkbox"/> MILITARY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR		SSN
TEST (YYYY-MM-DD)	(Time - HH:MM)	DOB (YYYY-MM-DD)

YEARS OF EDUCATION

12-HIGH SCHOOL
 14-ASSOCIATE'S DEGREE
 16-BACHELOR'S
 18-MASTER'S
 20-Ph.D.

MARITAL STATUS

NEVER MARRIED
 MARRIED
 CO-HABITATING
 SEPARATED
 DIVORCED
 WIDOWED

TEST	COMMENTS
AUI	
BAI	
BDI-2	
DRAWINGS	
MCMII-III	
MMPI-A	
MMPI-2	
SAVVY RECRUITER	
SENTENCE COMPLETION	
SHIPLEY	
WONDERLIC	
16PF	