

**Commissioned Officers' Effectiveness Report  
Attachment 2 (to Section III)  
TO BE FILLED OUT BY OFFICER'S SUPERVISOR (RATER)**

**Name of Officer:** \_\_\_\_\_  
**Officer's PHS Number** \_\_\_\_\_  
**COER Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Rater's Comments:**

Large empty rectangular box for Rater's Comments.