Print Form

FOLLOW-UP EVALUATION

This form is used for data collection as part of the Substance Abuse Counseling Center (SACC) Quality Assurance Program. Your assistance is crucial in ensuring quality care is provided by the SACC. Upon completion, forward this form to the Command Substance Abuse Control Officer (SACO).

This is the (SACC Check One): ☐ 6; ☐ 12, ☐ 24 - month follow-up evaluation for: _____

Consider only the past (SACC Check One): ☐ 6 ☐ 12 months performance when completing this evaluation.

Treatment Date:	Unit/Command:

Return this form to the following address:

1. Is the Marine onboard your command? ☐ Yes ☐ No If "No", which of the following describes the Marine's status?

☐ No longer active duty ☐ Completed military obligations, discharged honorably ☐ Separated for medical reasons

☐ Administratively separated with one of the following characterizations: ☐ Honorable ☐ General ☐ Other Than Honorable

2. Was separation for alcohol treatment failure? ☐ Yes ☐ No

IF MARINE IS NO LONGER ON ACTIVE DUTY, STOP, AND RETURN FORM TO THE ABOVE LISTED TREATMENT FACILITY.

Transferred to another command. Provide the forwarding command's address and return this form to the treatment facility listed above.

3. Has the Marine succesfully completed aftercare? ☐ Yes ☐ No, still in aftercase status ☐ No, failed to complete aftercare ☐ Never had an aftercare program assigned

Explain:

SACO: The Marine's supervisor completes the rest of this form. Ensure the form is complete and all questions are answered. Return this form to the treatment facility listed above.

Supervisor: Answer all questions to the best of your ability. Your Command SACO will complete questions you cannot answer. Be candid; this information will be used for statistical purposes only. It will in no way affect the Marine.

4. Is the Marine recommended for retention and/or reenlistment? ☐ Yes ☐ Unsure ☐ No, has a poor past record ☐ No, poor present performance ☐ No, has no desire to remain in service

5. Is the Marine competing for advancement? ☐ Yes, was recommended ☐ No, was recommended but not interested in advancing ☐ No, was not recommended for advancement

6. Do any of the following apply to the Marine?

☐ Arrested for misdemeanor ☐ Arrested for DWI/DUI ☐ Experienced financial problems ☐ Experienced significant positive behavior changes

☐ Arrested for felony ☐ Involved in alcohol-related incident (s) (other than DWI/DUI) ☐ Experienced marital problems

☐ Convicted of misdemeanor ☐ Involved in illicit drug-related incident(s) ☐ Experienced improving work performance ☐ Experienced significant negative behavior changes

☐ Convicted of felony ☐ Attended self-help groups ☐ Experienced declining work performance

7. Was the Marine subject to any adverse administrative action? ☐ Yes ☐ No

If yes, explain:

8. Has the Marine received any punitive action or pending punitive action? ☐ Yes ☐ No

If yes, explain:

9. Does the Marine perform all duties of the billet? ☐ Yes ☐ No

If yes, explain:

FOUO - Privacy sensitive when filled in.

FOLLOW-UP EVALUATION (CONT.)			
Considering this Marine, use this scale for items 10-14: 5 = Strongly agree 4 = Agree 3 = Neither agree nor disagree 2 = Disagree 1 = Strongly disagree 0 = Not observed			
10. Quality - Work is done correctly:		11. Output - Produces at the level expected/required:	
12. Timeliness - Assignments are done promptly and on time:		13. Promptness - Ready and on-duty when work begins:	
14. Teamwork - Works well with others:			

SACO's Name:	
SACO's Signature:	Date:
Supervisor's Name:	
Supervisor's Signature:	Date:

Reset Form