

PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-275-0 (phase VI)  
DATE OF PROJECT 25-27 Jan 95

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to  Chief, Technology Assessment and Support Activity.

A. Is the information accurate? (Circle response)

<u>Categories</u>	Source <u>A</u>	Source <u>B</u>	Source <u>C</u>
Yes (true)	(1)	(1)	(1)
May be true	(2)	(2)	(2)
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value	(3)	(3)	(3)
Low value	(4)	(4)	(4)
No value	(5)	(5)	(5)

UNCLASSIFIED WHEN BLANK

SECRET  
NOT RELEASABLE TO FOREIGN NATIONALS  
LIMITED DISSEMINATION

C. Rationale for source evaluation. Provide rationale/analysis which led to your evaluation of responses provided above. Include confirmatory/new confirmatory data and whether collection requirements are currently validated/tasked to either obtain or verify such data. Please provide your written evaluation by source.

D. \_\_\_\_\_  
**NAME** **OFFICE/PHONE NUMBER**

**UNCLASSIFIED WHEN BLANK**

**SECRET**  
**NOT RELEASABLE TO FOREIGN NATIONALS**  
**LIMITED DISSEMINATION**

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CONTROL NUMBER

\_\_\_\_\_

SG1B

FROM \_\_\_\_\_ OFFICE \_\_\_\_\_ PAG-TA \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUBJECT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ PAGES \_\_\_\_\_

DELIVERY INSTRUCTIONS

HOLD FOR NORMAL DUTY HOURS \_\_\_\_\_ DELIVER IMMEDIATELY \_\_\_\_\_

REPLY REQUESTED \_\_\_\_\_  
YES NO

TRANSMIT TO

\_\_\_\_\_

AGENCY	INDIVIDUALS' NAME	OFFICE	ROOM #	PHONE #

REMARKS