PETTY OFFICER FIRST CLASS (PO1) / WARANT OFFICER (WO) / FLIGHT SERGEANT (FSGT)

MERIT-BASED RANK PROMOTION CRITERIA CHECKLIST

Cadet's Name: _____   **Date: _____**

Section 1: Prerequisites for Promotion	Achieved	Not Achieved
• Completed at least six months of service at the rank of PO2 / Sgt / Sgt.	☐	☐
• Successfully completed Phase Four / Gold Star / Proficiency Level Four.	☐	☐
• Achieved a minimum of "completed without difficulty" in PO 403 (Leadership).	☐	☐
• Participated in the Cadet Fitness Assessment as part of PO X04 (Personal Fitness & Healthy Living).	☐	☐

Section 2: Div O / Pl Comd / Flt Comd Recommendation

Recommendation is based on the following criteria, on a review of cadet training results and a file review:

	Needs Developing	Acceptable	Outstanding
• dress and deportment	☐	☐	☐
• conduct, discipline and attitude	☐	☐	☐
• attendance	☐	☐	☐
• participation	☐	☐	☐
• response to direction	☐	☐	☐
• ability to interact positively and comfortably with others	☐	☐	☐
• ability to make sound judgements regarding their own actions	☐	☐	☐
• willingness to accept responsibility	☐	☐	☐
• ability to solve problems effectively	☐	☐	☐
• ability to communicate effectively with subordinates, peers and supervisors	☐	☐	☐
• ability to set a positive example for others	☐	☐	☐
• initiative	☐	☐	☐
• ability to supervise effectively	☐	☐	☐
• ability to lead small teams to complete leadership assignments effectively	☐	☐	☐
• ability to motivate team members	☐	☐	☐
• ability to provide effective feedback to team members	☐	☐	☐
• potential for planning, coordinating and conducting larger cadet activities	☐	☐	☐
• potential for executing leadership appointments in which they will manage and mentor a team over a longer period of time	☐	☐	☐

Based on the criteria above, I recommend the cadet:

- not be promoted at this time but reconsidered in _____ months. ☐

- be promoted as soon as possible. ☐

Div O / Pl Comd / Flt Comd Signature: _____ Date: _____

Section 3: CO's Approval

The Div O / Pl Comd / Flt Comd recommendation for promotion is:

- not approved ☐

- approved ☐

CO's Signature: _____ Date: _____

Notes: