

II. To Be Completed by the Reviewing Supervisor

Name of the Reviewing Supervisor _____ Phone Number _____

Signature of the Reviewing Supervisor _____ Class Title _____ Date _____

I agree

I do not agree with the comments and ratings by the immediate supervisor. If you do not agree, comments are mandatory.

Comments

III. To Be Completed by the Competitor

I certify that I prepared the responses to each question on my own, without any assistance from any other person and that I have received a copy of my PRE report. My signature does not signify that I agree with the comments or ratings made by my supervisor(s).

Competitor's Signature _____ Date _____