DAPA Screening Form

Name (Last, First, MI):_____
Alpha Code:_____ Date of Birth:_____ CQPR:_____ Company:____
Assigned or Collateral Duties:_____
Performance Grades: 4/C: ___ / ___ 3/C: ___ / ___ 2/C: ___ / ___ 1/C: ___ /___.
Conduct Grades: 4/C: ___ / ___ 3/C: ___ / ___ 2/C: ___ / ___ 1/C: ___ /___.
Free Periods: M:_____ T:_____ W:_____ R:_____ F:_____

Date/Description of Incident and Current Disposition (include BAC, if any) <u>OR</u>
Reason for Self or Command Referral (describe the reason for concern):

_____
_____
_____

Conduct History with emphasis of any alcohol association (Prior incidents with date of each offense)

_____
_____
_____

Company Midshipman supervisor (next up in Chain of Command):
Name:_____ Rank:_____ Position:_____ Date In:_____ Date Out: _____
Your opinions/perceptions of midshipman's alcohol use (specific information helpful):

_____
_____
_____
_____

Senior Enlisted Representative Information:
Name:_____ Rank:_____ Ext:_____ Date In:_____ Date Out: _____
Comments regarding Midshipman's performance and additional concerns/comments of the midshipman's alcohol use:

_____
_____
_____

Company Officer Information:
Name:_____ Rank:_____Ext:_____ Date In:_____ Date Out: _____
Comments regarding Midshipman's performance or additional concerns/comments of the midshipman's alcohol use:

_____
_____
_____
_____

Battalion Officer Information:
Name:_____ Rank:_____ Ext:_____ Date In:_____ Date Out: _____
Comments regarding Midshipman's performance or additional concerns/comments of the midshipman's alcohol use:

_____
_____
_____
_____

Battalion DAPA_____
_____