

Recurrent Evaluation Requirements***Completed at conclusion of Initial Evaluation***

Recurrent Evaluations to be conducted each

 (fill in) months

Allotting _____ hours of FTD time.

Signed: _____

NSPM / Evaluation Team Leader

Recurrent evaluations are due as follows:

 (month) and (month) and (month)
(enter or strike out, as appropriate)_____
Date**Revision:**

Based on (enter reasoning):

Recurrent Evaluations are to be conducted each

 (fill in) months. Allotting _____ hours.

Signed: _____

NSPM Evaluation Team Leader

Recurrent evaluations are due as follows:

 (month) and (month) and (month)
(enter or strike out, as appropriate)_____
Date

(Repeat as Necessary)