

# Pre-Sea Psychological Evaluation Checklist

Name:

Date of Birth:

Position:

Date of Evaluation:

## Checklist

No.	Criteria	Yes	No	Remarks
1	Oriented to time, place, and person	<input type="checkbox"/>	<input type="checkbox"/>	
2	Clear and coherent speech	<input type="checkbox"/>	<input type="checkbox"/>	
3	Appropriate mood and affect	<input type="checkbox"/>	<input type="checkbox"/>	
4	Good attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	
5	Logical and goal-directed thought process	<input type="checkbox"/>	<input type="checkbox"/>	
6	Absence of psychotic symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
7	Appropriate social interaction	<input type="checkbox"/>	<input type="checkbox"/>	
8	Good stress tolerance	<input type="checkbox"/>	<input type="checkbox"/>	
9	Absence of suicidal or homicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	
10	Ability to make decisions and solve problems	<input type="checkbox"/>	<input type="checkbox"/>	

## Summary / Observations

\_\_\_\_\_  
Evaluator's Name & Signature

\_\_\_\_\_  
Date