



UNITED STATES MARINE CORPS
COMBAT LOGISTICS REGIMENT 37
3D MARINE LOGISTICS GROUP
UNIT 38404
FPO AP 96380-8404

IN REPLY REFER TO
1500
EPBHC
02 MAY 2022

REGIMENTAL ORDER 1500.1

From: Commanding Officer, Combat Logistics Regiment 37
To: Distribution List A

Subj: FORCE PRESERVATION PROGRAM

- Ref:
- (a) DoDM 6025.18, Implementation of the Health Insurance Portability and Accountability Act
 - (b) DoDI 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members
 - (c) DoDI 6400.09 DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm
 - (d) MCO 1500.60 Force Preservation Council Program
 - (e) MCO 3504.2A Operations/Events Incident Report (OPREP-3) Reporting
 - (f) III MEF/MARFORJ Bulletin 6504 Reporting Requirements
 - (g) III MEF/MCIPAC-MCBBO 1500.6A Force Preservation through Total Fitness
 - (h) MARADMIN 461/15 Update to Marine Corps Intercept Program
 - (i) MCO P5100.29C w/CH 1-2 Navy and Marine Corps Mishap and Safety Investigation, Reporting and Recordkeeping
 - (j) MCO 5354.1F Marine Corps Prohibited Activities and Conduct Prevention and Response Policy
 - (k) MCO 1752.5C Sexual Assault Prevention and Response Program
 - (l) MCO 1720.2A Marine Corps Suicide Prevention System
 - (m) 3d MLG 1500.1 Force Preservation Program
 - (n) Command Individual Risk and Resiliency Assessment System User Guide v3.4
 - (o) RegtO 1300.1 Regimental New Join Platoon and Integration Policy
 - (p) MCO 1500.63 CH-1 Marine Corps Mandatory Individual Training and Education Requirements

- Encl:
- (1) Definitions
 - (2) Force Preservation Reporting Matrix and Resource Links
 - (3) CIRRAS Interview
 - (4) CIRRAS Risk Categories

1. Situation

a. Force Preservation is a critical component in the maintenance of warfighting capability and mission readiness. It is an active process requiring leadership engagement, focus on core values, strategic prevention efforts, risk mitigation, and a focus on personal and unit development in all aspects of fitness that encompasses spiritual, social, physical, and mental.

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b. Effective force prevention efforts are a balance of prevention and response that focuses on strengthening protective factors and resilience of the individual, unit, and community. Combat Logistics Regiment 37 (CLR-37) has a range of total fitness resources at its disposal. Effective leveraging of these resources requires systematic, collaborative, and coordinated efforts. Using this strategic approach extends force preservation beyond a reactive problem focus to a proactive, prevention, and total fitness approach.

2. Cancellation

a. RegtO 5100.1B Headquarters Regiment Force Preservation Council

b. Commanding Officer's Policy Letter 2-18 Headquarters Regiment Resiliency Team Charter

3. Mission. Preserve and strengthen warfighting capability through the utilization of total fitness, strategic prevention, and resilience focused approaches in order to sustain individual and unit readiness, and force preservation.

4. Execution

a. Commander's Intent

(1) Purpose. Proactive leadership, collaboration, and prevention focused environments that leverage the spectrum of force preservation resources are crucial in supporting the total fitness of Marines, Sailors, and their families. CLR-37 will cultivate an environment that leverages proactive leadership, peer-to-peer support, collaborative relationships, integration across functional areas, and tailored prevention and force preservation policies, programming, and practices.

(2) Method. Engaged leadership is a primary component to build the trust necessary to maintain effective, holistic force preservation efforts. Commanders will communicate with and leverage the full complement of force preservation resources available. This will be accomplished by leadership engagement with Marines and Sailors, consultation with subject matter experts (SME), including unit and installation resources, and creating collaborative teams and systems that are proactive and responsive to the goal of force preservation and total fitness. Unit and installation force preservation SMEs are expected to function in an integrated manner to support command efforts to sustain the total fitness of the force and mission readiness.

(3) Endstate. Data informed total fitness force preservation will be a hallmark of CLR-37 efforts. This will be achieved through compliance with higher headquarters reporting requirements by engaging Marines and Sailors in the feedback and development of prevention and force preservation activities, and using force preservation tools.

c. Concept of Operations

(1) Force preservation through total fitness requires engaged leadership, identification of unit trends and needs, data informed decision making, reduction of risk factors and promotion of resiliency and protective factors, tailored application of resources, and a focus on personal and professional skills development. The following tools and processes shall be utilized to achieve the goal of force preservation through total fitness: force preservation councils (FPC), Command Individual Risk and Resilience Assessment System (CIRRAS), force preservation boards (FPB), and the integrated multi-disciplinary Resiliency Team.

(2) FPC. Per references (d) and (g), FPCs are conducted with individual subordinate elements monthly to review risk and resiliency factors for each Marine and Sailor, and to implement holistic risk management and prevention measures to increase unit readiness and optimize both individual and collective potential. Subordinate commanders remain responsible for convening FPCs at their level.

(a) Purpose. FPCs will focus on force preservation through total fitness to properly identify strengths, challenges, needs, mentoring, and available resources for every Marine and Sailor. FPCs must be non-punitive and collaborative, utilizing the spectrum of SMEs and resources available to the command to craft prevention and risk mitigation plans. Risk mitigation plans shall be appropriately documented and regularly reviewed to ensure service member progress. When conducting FPCs, service members being reviewed shall not appear in person before the FPC. A detailed discussion of sensitive personal or professional matters shall be limited to leaders with a need to know and shall adhere to the Health Insurance Portability and Accountability Act, command notification requirements, and Privacy Act considerations per references (a), (b), and (h).

(b) Membership. At a minimum, Regimental FPC membership shall include the following:

1. Commanding Officer
2. Executive Officer
3. Sergeant Major
4. Company Commander
5. Company First Sergeant
6. Embedded/Uniformed Mental Health Provider
7. Chaplain
8. Substance Abuse Control Officer (SACO)
9. Additional members, such as the medical officer, safety officer, Military

Family Life Counselor (MFLC), Embedded Preventative Behavioral Health Capability (EPBHC), Deployment Readiness Coordinator (DRC)/Uniformed Readiness Coordinator (URC), and Suicide Prevention Program Officer (SPPO) may be included at the commander's discretion. To be included, individuals must have proper HIPAA and PII certifications. This will be tracked and documented by the CIRRAS Administrator and Functional Area Manager.

(3) CIRRAS. CLR-37 units shall utilize CIRRAS as the program of record for FPCs per supporting directive (i).

(i). (a) FPC records pre-dating CIRRAS shall be disposed of in accordance with reference

(b) FPC service member information and council processes shall not be documented outside of CIRRAS.

(c) CIRRAS shall be used solely for force preservation. The use of the system, or any information obtained from the system, for any other purpose is strictly prohibited.

(d) The first supervisor in the chain of command with CIRRAS access shall review their new joins' profiles in CIRRAS within five business days of their check-in dates and shall annotate in the system that a review has been conducted. Supervisors will use the CIRRAS interview template, enclosure (4), when completing the check-in process with all personnel. All new joins' profiles shall be briefed at the unit's FPC within 30 calendar days of arrival. All new joins will be placed on elevated status and briefed during the first 90 days after joining the unit.

(e) For service members who do not have an existing CIRRAS profile, the subordinate units have 30 calendar days from their check-in date to build a profile.

(f) Service members executing a permanent change of station (PCS), permanent change of assignment (PCA), temporary additional duty (TAD) or Fleet Assistance Program (FAP) orders in excess of 30 days must have their CIRRAS profile reviewed and their commander's risk assessment updated within ten working days before checking out.

(g) EPBHC personnel shall not be assigned as CIRRAS users in version 1.0.

(h) The command will ensure only those assigned user roles in FPC have CIRRAS access, and that permissions are properly assigned and unassigned. The CIRRAS Administrator will monitor, scrub, and verify those lists both as a regular practice and bi-annually.

(4) Resiliency Team. The Resiliency Team is a multi-disciplinary, cross functional team of unit SMEs from all four aspects of total fitness. These teams will be formulated at the Regimental level. The Resiliency Team is the proactive, prevention oriented branch of force preservation. This team convenes monthly to collectively review trends, assess unit needs and capacity, devise integrated prevention plans, and provide unit leaders and commanders with collective and integrated recommendations and courses of action. The Resiliency Team

processes and procedures are documented as a unit policy. Key aspects of the Resiliency Team include:

(a) Resiliency Team Lead. The Resiliency Team will have a command appointed lead who will work to synchronize day-to-day force preservation efforts. This person will also serve as the conduit to unit leadership on total fitness, attend the monthly FPC, and liaison with higher headquarters on matters of force preservation.

(b) Multi-disciplinary. The Resiliency Team is a forward-looking, proactive, prevention-minded team comprised of experts from each aspect of total fitness. Ad hoc unit and installation force preservation resources may be represented at the team's request as needed.

(c) Collaborative. The Resiliency Team serves to synthesize the existing Marine Corps programs under a single team designed to optimize the physical, mental, spiritual, and social well-being of assigned personnel.

(d) Hands-On. The Resiliency Team provides sustained engagement with Marines and Sailors and utilizes their feedback to inform decisions.

(e) Communication. The Resiliency Team meets every third Friday of the month. Operating procedures and prevention plans are documented and in the unit policy. The Resiliency Team keeps the commander informed during the quarterly brief of programming outcomes, best practices, and provides advice to optimize how total fitness concepts are actioned and engaged at the individual, unit, and community level.

(f) Synchronized Resources. Resiliency Teams integrate total fitness resources and support key stakeholders, both internal and external to CLR-37, to assess and maximize effectiveness in delivering appropriate support and prevention activities.

(g) Data-Driven Action. Resiliency Team offers lines of effort to establish, sustain, and advance a culture of force preservation through total fitness. Cross functional data is collected and analyzed to monitor trends, assess and identify intersections of need, support capacity evaluation and sustainment, identify opportunities to strengthen protective factors, examine outcome indicators, and provide recommendations on prevention initiatives.

(h) Personal and Professional Development. The Resiliency Team supports individual fitness by developing systematic and tailored unit prevention training plans.

(i) Utilization of a strategic framework for prevention. The command Resiliency team will utilize standardized, agile planning and development frameworks to develop unit prevention programming. Effective strategic planning frameworks should contain the following elements: assessment of population need, capacity, planning, implementation, and continuous monitoring and evaluation. Examples of prevention frameworks include the Substance Abuse and Mental Health Services Administration Strategic Prevention Framework and the Department of Defense Prevention Process models, enclosure (5).

(j) Resiliency Team Membership

1. Safety Officer/Representative
2. Medical Officer
3. Chaplain
4. Uniformed Embedded Mental Health Provider
5. Legal Officer
6. Equal Opportunity Representative (EOR)
7. Sexual Assault Prevention and Response Representative
8. Suicide Prevention Program Officer
9. Substance Abuse Control Officer
10. Deployment Readiness Coordinator
11. S-3 Representative

c. Tasks

(1) Executive Officer

(a) The Regimental Executive Officer (XO) will chair the CLR-37 Regimental FPC in the CO's absence.

(b) Ensure the timely submission of the following reports:

1. Operations Report 3 (OPREP-3) serious incident report and/or Personnel Casualty Reporting (PCR) in accordance with references (e), (f), and (g).

a. In accordance with reference (g), within 5 working days of the submission of the OPREP-3, submit a supplemental data sheet via the III MEF Force Preservation SharePoint <https://iiimef.usmc.mil/staff/fpo/SitePages/Home.aspx>. The use of a competent medical authority (CMA) is not required to determine if an ideation has occurred. Suicide ideation reporting should not be delayed in obtaining concurrence from a CMA.

b. When verified as a suicide attempt by a CMA, submit a preliminary 8-Day Report to the 3d MLG CG within eight calendar days from submission of the initial OPREP-3 or PCR. Upon review by the 3d MLG CG, III MEF commands shall submit their final 8-Day reports to the III MEF CG, via the III MEF force preservation officer.

c. If an event that did not meet the Class B threshold is later determined by a CMA to be a suicide attempt, the commander shall submit an OPREP-3, and an 8-Day report within eight calendar days of the CMA determination.

d. For all suicide ideations and suicide attempts, within one working day of submitting the initial OPREP, contact the installation Community Counseling Program and provide the service member's contact information to the Marine Intercept Program services per reference (j).

2. Safety Mishaps. In accordance with reference (k).

3. Prohibited activities and conduct (PAC) complaints. In accordance with reference (l).

4. SAPR. Submit all SAPR-related reports in accordance with supporting reference (m).

5. Drug/Alcohol Related Event (D/ARE) Report. Submit reports via the III MEF Force Preservation Share Point web portal <https://iiimef.usmc.mil/staff/fpo/SitePages/Home.aspx> in accordance with reference (g).

(2) Company Commanders

(a) Ensure that company FPCs are being conducted on a monthly basis.

(b) Ensure complete and up to date data entries are being conducted on CIRRAS per reference (n).

(c) Ensure that annual training requirements are being met for Operational Stress Control and Readiness (OSCAR), Unit Marine Awareness and Prevention Integrated Training (UMAPIT), Sexual Assault Prevention and Response (SAPR), and other related force preservation programs.

(d) Familiarize yourselves and ensure all subordinate CIRRAS users are familiarized with the contents of reference (n).

(2) Food Service Company

(a) Maintain and revise reference (o) as required.

(b) Develop and maintain Unit Onboarding Continuum per reference (m) and apply to reference (o).

(3) CLR-37 CIRRAS Administrator

(a) The CIRRAS Administrator will ensure CIRRAS users comply with all required training, including verification of CIRRAS user training, before granting system access. They will conduct quarterly spot checks of all user roles and permissions, as well as monitor, scrub, and verify user rosters as a regular practice. They will keep copies of all certificates for documentation.

(b) The CIRRAS Administrator will maintain Non-Disclosure Agreements and FPC Certifier Letters for FPCs in conjunction with the CLR-37 Force Preservation Functional Area Manager.

(c) Ensure that necessary records are available as requested for inspections.

(4) CLR-37 Force Preservation Functional Area Manager

(a) The Functional Area Manager will oversee broad program compliance. They will use the Inspectors General Checklist, and other guidance to ensure that the policies and procedures are in alignment with HQMC standards.

(b) In conjunction with the CLR-37 CIRRAS Administrator, ensure that inspection binders are kept up-to-date. Verify the binder includes all appointment letters, Non-Disclosure Agreements, all training documentation, and designated CIRRAS user roles and related certificates.

(c) Serve as a secondary spot check for Company FPCs, and ensure that all guidance is integrated across the Regiment.

(5) CLR-37 EPBHC Specialist

(a) Serve as the Resiliency Team Lead, coordinating monthly Resiliency Team Meeting, and the quarterly Resiliency Team Command Brief.

(b) Provide population level data regarding unit risk and protective factors provide, and provide consultation to companies and leaders as requested.

(6) CLR-37 Chaplain. Participate in and provide religious ministry team data to the CLR-37 Resiliency Team and provide consultation to subordinate commands and Resiliency Teams on Total Fitness concepts as requested.

(7) CLR-37 Safety Officer. Participate in and provide safety data to the CLR-37 and provide consultation to subordinate companies and the Resiliency Team on safety and force preservation concepts as requested.

(8) CLR-37 Regimental Surgeon. Participate in and provide medical readiness data to the 3d MLG FPB and provide consultation to subordinate companies and Resiliency Team on physical/medical fitness as requested.

(9) CLR-37 Equal Opportunity Advisor/Substance Abuse Control Officer. Participate in and provide social fitness and command climate data to the CLR-37 Resiliency Team and provide consultation to subordinate units and Resiliency Teams as requested.

c. Coordinating Instructions

(1) Descriptions of CIRRAS Risk Categories can be found in enclosure (3).

5. Administration and Logistics

a. POC for this order is the CIRRAS Administrator and the Functional Area Manager.

6. Command and Signal

a. This order is effective on the date signed.

b. Marines and Sailors can find this order on the CLR-37 Directives Control Point located here: <https://usmc.sharepoint-mil.us/sites/clr37/SitePages/Directives-Control-Point.aspx>


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Definitions

Competent Medical Authority (CMA). A United States (U.S.) military healthcare provider or a U.S. healthcare provider employed by or under contract or subcontract to the U.S. Government or U.S. Government contractor.

Department of Defense Suicide Event Report (DoDSER). Designed to standardize the review and reporting process on suicide-related events among military service members. The information is used to identify risk factors and assist commanders in targeting and improving local suicide prevention efforts.

Suicide. Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt. A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal Behavior. Behaviors related to suicide, including preparatory acts, as well as suicide attempts and death.

Suicidal Ideation. Thinking about, considering, or planning suicide or cause self-harm.

Suicide-Related Event. Includes all deaths by suicide, suicide attempts, and suicidal ideation.

The Four cords of Total Fitness are defined as:

1. Physical Fitness. Physically fit Marines have the strength, endurance, coordination, and reserve capacity necessary to succeed in any environment at any tempo. They possess the knowledge, skills, attitudes, and resources necessary to obtain, sustain and regain optimum physical performance.
2. Mental Fitness. Mentally fit Marines have strong personal and professional relationships balance family and work requirements, engage in life-long learning, and understand and apply the principles of Combat and Operational Stress Control (COSC). They acknowledge stress, seek help early, eliminate stigma around seeking help, and support other Marines in doing the same.
3. Spiritual Fitness. Spiritually fit Marines are engaged in life's meaning and purpose, are hopeful, make sound moral decisions, engage in meaningful relationships, are able to forgive self and others, are respectful of others, and live our core values.
4. Social Fitness. Social fitness consists of Marines giving and receiving positive support in relationships with their peers, families and communities. Socially fit Marines are respectful to others, are actively engaged in their work and community.

Force Preservation Reporting Matrix

EVENT	Duty Status	Applicable Personnel	PCR	OP-REP3	8-day	D/ARE	PAC Case status Tracker	DASH	DSAID (by SARC)	DODSER
Suicide Attempt*	On/Off Duty	Military Service Members	See MCO 3040.4E	YES	YES	YES, if alcohol or drugs were involved	NO	NO	NO	YES by CMA
Death/ suspected death by Suicide	On/Off Duty	Military Service Members	YES	YES	YES	YES, if alcohol or drugs were involved	NO	NO	NO	YES By command appointed Marine officer
Suicide Ideation (No CMA necessary)	On/Off Duty	Military Service Members	NO	YES	NO, but submit the <u>Supplemental data sheet</u> to III MEF FPO	YES, if alcohol or drugs were involved	NO	NO	NO	NO
PAC Violation	On/Off Duty	Military Service Members	NO	NO	NO	YES, if alcohol or drugs were involved	YES	YES	NO	NO
Unrestricted report of Sexual Assault	On/Off Duty	When Victim or Subject of report are service members, or military dependents over the age of 18.	NO	YES	NO, but Commanders must complete the Sexual Assault 8-Day in GEARLOCKER	NO	NO	NO	YES	NO
Criminal Act	On/Off Duty	Military Service Members	YES, if it results in the fatality or VSI, SI of a service member	YES	NO	YES, if alcohol or drugs were involved	NO	NO	NO	NO

III MEF Suicide ideation and DARE report submissions:

<https://iiimef.usmc.mil/staff/fpo/SitePages/Force%20Preservation%20Order%20Reporting.aspx>

8 Day Brief Report

<https://iiimef.usmc.mil/staff/fpo/SitePages/Force%20Preservation%20Order%20Reporting.aspx>

III MEF Force Preservation Reporting Requirement Submission Links

III MEF Supplemental Data Sheet for **Suicide Ideations**:

<https://iiimef.usmc.mil/staff/fpo/SitePages/Force%20Preservation%20Order%20Reporting.aspx>

Drug and Alcohol Related Event (D/ARE) Report:

<https://iiimef.usmc.mil/staff/fpo/SitePages/Force%20Preservation%20Order%20Reporting.aspx>

8 day Brief Template

<https://iiimef.usmc.mil/staff/fpo/SitePages/Force%20Preservation%20Order%20Reporting.aspx>

IIIMEF 8 day Brief Submissions:

IIIMEF_8_DAY@usmc.mil

Force Preservation Resources

The following resources are intended to support unit FPT and FPC teams to further utilize the concepts discussed in this order.

1. Marine Leader Development

<https://www.usmcu.edu/Academic-Programs/Lejeune-Leadership-Institute/Marine-Leader-Development/>

2. CIRRAS Manpower & Reserve Affairs

https://www.manpower.usmc.mil/webcenter/portal/MF/pages_page16

3. Marine and Family Programs Gear Locker

<https://hqmportal.hqi.usmc.mil/sites/family/default.aspx>

4. Marine Corps Human Performance Total Fitness Self-assessment

<https://www.fitness.marines.mil/Resilience/>

5. DoDI 6400.09 Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm

6. DoD Prevention Plan of Action (PPOA) dtd Apr 2019

<https://www.sapr.mil/prevention-strategy>

7. The Prevention Institute's Spectrum of Prevention

<https://www.preventioninstitute.org/tools/spectrum-prevention-0>

8. Centers for Disease Control (CDC) Veto Violence: Connecting the dots tool

<https://vetoviolenace.cdc.gov/apps/connecting-the-dots/node/5>

9. CDC Violence Prevention

<https://www.cdc.gov/violenceprevention/about/index.html>

10. CDC Public Health Model

<https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>

11. SAMSHA Strategic Prevention Framework

<https://www.samhsa.gov/resource/ebp/strategic-prevention-framework>

CIRRAS Interview Template

Relationships

What is your marital status?

If married, is your spouse on island? If not, where?

How many times have you been married?

If not married, are you in a relationship? How long? Live together?

Have you had a recent break up (within 90days)?

Any suspected infidelity in your relationship?

Do you have children or other dependents?

How many?

Are you expecting any children?

Do you have an adoption pending?

Are you a foster parent? Do you have guardianship of a friend or family member?

Do you provide care to anyone else? Parent? Sibling?

Have you ever had an open FAP case? Victim or subject?

Have you lost a loved one recently (90 days)?

Do you have pets? Are they on island with you?

Work

Who is your mentor? OIC? SNCO? If unable to answer any of these, follow up to ensure the member understands their COC and direct resources.

Are you currently fit for full duty?

Any combat history?

Operational history?

If applicable: When did you return from your last deployment?

Have you ever been passed over for promotion or non-rec'd? If yes, tell me about that...

Have you recently (90 days) been promoted or reduced in rank?

Do you have plans for continued service?

If plans to separate: Where? Work, school, living arrangements

Has your security clearance ever been revoked or suspended?

Have you ever been exposed to:

Life threatening combat situations

Witnessing injury and death

Involvement in serious MVAs

Handling human remains

Housing

Where do you live?

On/off base? Type? (barracks, family housing, apartment, single family home)

Who do you live with?

Transportation

What is your primary mode of transportation? Car, bike, motorcycle, walk, car pool/bus

Do you own a vehicle?

Is your driver's license valid? Restricted?

When does your stateside driver's license expire? SOFA license expiration?

Do you have base driving privileges?

Is everything up to date? Insurance, JCI, road tax

Social

What do you do for fun? Do you do these activities with others? Friends on island?

Who do you turn to when you need help?

Do you volunteer?

Do you attend spiritual/religious services/activities?

Health and Fitness

What do you do for PT? What supplements do you use?

Tell me about your drinking. How often and how much do you drink? Current/past SACO referral?

Current/past ARIs? Current/past SACC/SARD treatment?

Any waivers for substance use?

Medical: LLD? LIMDU? Pending PEB? All other information should be entered by medical

Mental health: will be entered by assigned MH personnel

Financial

Tell me about your finances:

Do you have any:

Current/past foreclosure?

Past due bills?

High debt? Collections?

Bankruptcy?

Spending habits: recent large purchases, gambling, high interest loans, rent to own furniture

Family: Child care cost? Child support/alimony payments?

Legal (anywhere else we can get/verify this info?)

Do you have any prior 6105s, NJPs, or Courts Martial?

Any current/pending: 6105s, NJPs, or Courts Martial?

Do you have any current restrictions? Tier, restraining order, MPO, weapons handling?

Are you pending divorce?

Do you have child custody agreement?

Training/Education

MOS training, career progressing, academic requirements (is there somewhere else to gather/verify this info?) Any in progress?

What USMC and MOS-specific training have you completed or would you like to complete?

What civilian education/tech schools have you completed and what would you like to complete?

Have you completed any college? If so, how much: some college, Associate's, Bachelor's, Master's, Doctorate?

Are you currently enrolled in any courses? If not, do you have plans to enroll?

APPENDIX E FORCE PRESERVATION RISK LEVELS

Risk Determination	Definition
Low Risk	The green "Ready" zone is defined as encompassing adaptive coping, effective daily life functioning, and personal well-being. This zone does not represent the absence of stress, but the stress state of individuals who are physically and psychologically functioning up to their full capacity, in spite of stressors. These individuals are potential role models to call upon to support the improvement of fellow Marines who occupy other categories.
Elevated Risk	The yellow "Reacting" zone is defined as encompassing periods of mild and temporary impairment due to stress. Yellow zone reactions are temporary and reversible. Company Commanders may assign any Marine they deem at an elevated probability for an incident to the elevated-risk category.
Medium Risk	The orange "Injured" zone is defined as encompassing more severe and persistent forms of distress or stress to the mind, brain, or spirit. Company Commanders may assign any Marine they deem at a medium probability for an incident to the medium-risk category.
High Risk	The red "ill" zone is defined as mental illness arising in individuals exposed to combat or other operational stressors. Clinical mental illness/disorders can only be diagnosed by health professionals. Company Commanders may assign any Marine they deem at a potentially high probability for an incident to the high-risk category. Marines who have had a drug or alcohol related incident, have been formally assessed at level I or higher for spouse or domestic violence, have been stopped by law enforcement authorities for reckless driving, have been found guilty in a summary, special or general court-martial, have attempted suicide or have suicidal ideations, or are diagnosed with severe depression should be placed in this category.