PROJECT SUMMARY

Task/Target No. _91-2_   Ops Report No. (if Ops) _91001_

Task/Target No. Linked To This _N/A_   Ops Report Date (if Ops) _____

Project Start Date _2 JUL 91_   Summary Report Date _19 JUL 91_   SG1J

Project Closure Date _8 JUL 91_   Summary Prepared By ██████████

Project Type _"O"_   Number of Sources used _5_

Target Designator _(Varied)_   Number of Sessions conducted _5_

Target/Target Package Location _Container #9_

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1. Project Objective: _____

_____

2. Were Sources informed of the project type? (Y/N) _No_

3. Tasking/Key Questions (See Attached Tasking Sheet) — _Describe target personality_

4. Targeting Method/Technique (R=Random from pool, O=Other) _Random —_

    If other, specify: _from operational tgt pool._

5. Feedback Details: _Pending_

_____

_____

6. List he Monitor knowledgeable? (Y/N) _NONE_

    If yes, specify the EEI known to Monitor _N/A_

_____

_____

7. Session Class _A / B_
    (A=Project Blind, B=Session Double Blind, C=Monitor Knowledgeable)

8. List names, positions of any observers:

    NONE

_____

_____

9. List any target information known to members of DT-S: *NONE*

beyond the fact that target is a personality of interest

10. List any target information known to others (observers, etc.) _____

None

11. List any possible project Enhancements/Distractions: _____

none noted

12. List any possible psychological variables: *none noted*

13. List any possible physical variables: *none noted*

14. Evaluation of Accuracy/Reliability of Sources' results (0-9) _____

15. Evaluation of Data Correlation of Sources' results (0-9) _6_

16. Evaluation of Utility of Sources' results, if applicable (0-9) _____

17. Evaluation of Control's results, if used (0-9) _____

18. List Evaluators by Source number: (Format: E-###) _____

19. If Ops, provide operational comments (attached, if necessary)

   a. Significant condition(s) _____

   b. Feedback issue(s) _____

   c. Background/Ground Truth data _____

20. Other information pertinent to this project, not listed above. _____