DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service,and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	Rank/Grade	Date of Counseling Today's Date
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: *(Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)*

Approach: ☐ Non Directive ☐ Combined ☐ Directive

Type of Counseling: ☐ General Form ☐ Professional Growth ◉ Performance ☐ Event Oriented

Purpose: To review the duty performance during a specified period (monthly, quarterly, other _____); to establish performance objectives and clear standards for the next counseling period; and to identify strengths, areas to improve, and potential.

Training Data: ACFT: _____ Score: _____ Weapons Qual: _____ Type: _____ Score: _____ DLC Status: _____

GT Score: _____ HT: _____ / WT: _____ ESB / EIB / EFMB: ☐ Yes ☐ No

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

Both the Soldier and leader will review the Soldier's duty performance.

Key Point 1 -

Key Point 2 -

Key Point 3 -

Key Point 4 -

Key Point 5 -

Key Point 6 -

Key Point 7 -

Key Point 8 -

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment *(other than rehabilitative transfers)*, separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/ consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).*

Specific, measurable, achievable, realistic, time-based objectives and milestones:

Implementation start time:

Assessment date timeframe *(monthly, quarterly, custom)*:

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)*

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Date *(YYYYMMDD)*:

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Date *(YYYYMMDD)*:

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Plan of action goals reached / modified:

Further follow-up necessary?

SIGNATURES

Note: Both the counselor and the individual counseled should retain a record of the counseling.

		Date of Assessment *(YYYYMMDD)*:

Note: Both the counselor and the individual counseled should retain a record of the counseling.