

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

*Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.*

Initial counseling prior to selection for a FULL-TIME NATIONAL GUARD DUTY (FTNGD) position. The below listed are conditions of employment and must be acknowledged prior to starting the application process.

### PART III - SUMMARY OF COUNSELING

**Complete this section during or immediately subsequent to counseling.**

**Key Points of Discussion:**

1. I understand, FTNGD requires an application process that is my responsibility.
2. While on FTNGD I willingly volunteer to attend IDT assemblies and Annual Training with my unit of assignment. I further understand that I do not have to take accrued leave to attend unit assemblies.
3. Long and short FTNGD tours are contingent on budget, if the budget that finances my tours falls short, my orders will be terminated.
4. While on long term FTNGD orders (more than 29 days) I will accrue leave at the rate of 2.5 days per month which must be used prior to the last day of my long term orders or 29 September which ever happens first.
5. If I am required to attend other duty (voluntarily or involuntarily) relating to my unit of assignment, my FTNGD orders may be amended which will change my allowances resulting in a change to my total entitlement each month.
6. As a condition of employment, I am required to take and pass a semi annual (every 6 months) APFT (AR 350-41) and weigh-in (AR 600-9) with my unit of assignment, If I fail to achieve this condition I will be subject to involuntary separation from FTNGD.
7. If for any reason I am unable to perform the duties that I was hired to perform, I will be placed on leave until my accrued leave is exhausted and my orders will be terminated.
8. If I am injured during the performance of duty or on off duty hours I must report the injury to my FTNGD supervisor; it is my responsibility to obtain the medical care required to maintain my ability to be continued on FTNGD orders.
9. I understand, if I am on FTNGD orders, (over 31 days) I am entitled to TRICARE Prime and dental coverage for myself through ADDP. I also understand that if I have dental care provided without required preauthorization I may be responsible for the cost of the care.
10. If I am required to support State Active Duty there becomes the potential that I may come off FTNGD and my TRICARE benefits will terminate for the period of that duty.
11. I understand that if I have a Profile (TEMP or Permanent) or a medical condition that would preclude me from mobilizing or performing my National Guard duties, and that condition is not reported, I may be removed from the ADOS program upon completion of leave accrued.

### 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).)

**FTNGD APPLICATION CHECKLIST:**

1. Complete all required entries on DA Form 1058-R July 93, by completing blocks 2-24, certify all information by signing and dating blocks 22 and 24.
  - a. BN S-1 or representative will complete blocks 25 - 36d.
  - b. Obtain your unit commands signature in block 35e, DA Form 1058-R.
2. From you unit of assignment:
  - a. Certified height/weight or DA 5500R.
  - b. DA Form 705 (APFT scorecard)
  - c. Copy of Physical Health Assessment (PHA) (Must be accomplished before orders are cut)
  - d. Coordination of HIV and Pregnancy test as appropriate (Can be accomplished after selection)
  - e. Print MEDPROS IMR record. This can be obtained by accessing your AKO account / My Medical / My Medical readiness / View Detailed Information / IMR record.
3. Submit with your application for position advertised.
4. Failure to follow the above instruction will slow down the application process.

**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:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. Forward FTNGD application through approval authorities to the HRO-ADOS Manager
2. Assist soldier in the management of accrued leave by maintaining DA 481.
3. Ensure the soldier obtains Active Duty ID Card and applies for TRICARE Prime Remote for Self and family.
4. Ensure FTNGD orders are published prior to start date of tour.
5. Ensure adequate physical fitness time is provided (3 - 5 hrs per week)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**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.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

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