

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; 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 6-22. 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 WARRIOR TRANSITION UNIT, WEST POINT, NY	Name and Title of Counselor		

PART II - BACKGROUND INFORMATION

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

On _____, you will start your leave. I want to take this time to discuss your travel plans. I understand that you plan on traveling by _____ to _____.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Refrain from flashing your Military ID as much as possible. It could quickly ID you to Terrorists or Foreign Intelligence Agencies.

Be sure to use a Buddy Team while traveling, if possible. NEVER leave your Buddy. At night, travel in well-lighted and populated areas. Do not get off the beaten path even during daylight hours.

If traveling in a foreign city make note of the locations of U.S. Consulate (or Allied Embassy), Police and Hospitals.

When staying in a hotel, Try to get a room above street level but not higher than the 7th floor (Most Fire Depts. do not have ladder equipment that will reach above 7 floors.) Be sure to keep your room key with you at all times, DO NOT leave it at the front desk while you are out. When you leave your hotel room leave the TV on at a normal volume to give the appearance of someone inside. If an unexpected visitor comes to your room, DO NOT open the door, tell them to leave their delivery/message at the lobby desk and retrieve it later.

If operating a vehicle... Remember that the TOP 3 reasons POV accidents occur are FATIGUE, SPEED and ALCOLHOL. Get adequate rest (8 hours of uninterrupted sleep before travel), do not drive more than 8 hours a day and plan rest stops every few hours along the way to break up the monotony. Watch your speed... DO NOT exceed the posted speed limits and adjust your speed to meet the conditions of the environment. Avoid driving in extreme weather conditions. Check the route and have proper emergency equipment on hand (see POV Inspection sheet). In the case of a breakdown ensure you exit the vehicle on the side opposite traffic and avoid standing between vehicles on the side of the road. DO NOT Drink and Drive. If you plan on having even one drink make sure you have a plan to get home... a designated driver, taxi, etc.

REMEMBER OPSEC... Do not discuss sensitive information in Public or over the Phone or Internet ANYTIME however the threat is greater when traveling in a foreign country. Many Foreign Intelligence Services conduct active monitoring of visitors.

Make sure to allow adequate time to return safely. Check the weather before you depart, so you can plan your route and time of travel. If anything comes up call me at Civ 845-938-0464 or contact me on my Cell Phone at 845-551-4505 , especially if you run into problems with unforeseen weather or vehicle breakdown. If you cannot contact me, contact the AOD (845)938-5169 be safe.

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)

I will complete all counseling, risk assessments, travel itineraries, etc.

I will notify my SL or PSG of any changes to my travel plans. I will ensure that someone knows where I am and where I am headed at all times.

I will ensure that I get adequate rest, obey all traffic laws, will not drink within 8 hours of driving and I will allow adequate time to travel.

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.)

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.