

DIAGNOSTIC APFT FAILURE COUNSELING

Use this form when
a Soldier fails a diagnostic APFT.

References
AR 350-1 | AR 40-501 | AR 601-280
AR 635-200 | AR 600-8-2 | FM 21-20

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 10 USC 3011, Departmental Regulations; 10 USC 3013, Secretary of the Army.	
AUTHORITY: Basis: leader in conducting and recording counseling of subordinates.	
PRINCIPAL PURPOSE: The following Routine Uses set forth at the beginning of the Army's competition of systems or records notices also apply to this system.	
ROUTINE USES: Disclosing to the public.	
DISCLOSURE: Disclosing to the public.	
Name (Last, First, MI)	Rank/Grade 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 or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)	
Event Oriented: Diagnostic APFT Failure	
To discuss:	
<ul style="list-style-type: none">Soldier's Army Physical Fitness Test failure (Diagnostic test) IAW AR 350-1Possible methods to correct substandard performanceRepercussions should Soldier fail for record APFT	
PART III - SUMMARY OF COUNSELING	
Complete this section during or immediately subsequent to counseling.	
Key Points of Discussion:	
{INSERT RANK & NAME} on {INSERT DATE} you were administered a Diagnostic APFT.	
You achieved the following scores:	
Pushups (reps/score): ___/___ Situps (reps/score): ___/___ 2-mile Run (time/score): ___/___	
Alternate Event (time): Walk ___ Swim ___ Bike ___	
Shuttle Run (time/score): ___/___ Rower (reps/score): ___/___	
Long Jump (in./score): ___/___ 1.5-mile Run (time/score): ___/___	
You failed to achieve a passing score in the following events:	
Pushups <input type="checkbox"/> 2-mile Run <input type="checkbox"/> Situps <input type="checkbox"/> Alternate Event <input type="checkbox"/>	
Shuttle Run <input type="checkbox"/> Rower <input type="checkbox"/> Long Jump <input type="checkbox"/> 1.5-mile Run <input type="checkbox"/>	
As a result of your performance I am {CHOOSE: RECOMMENDING/DIRECTING} the following actions:	
You will be enrolled in the special populations PT Program <input type="checkbox"/>	
Date: ___ Time: ___ Location: ___	
You will be removed from participating in unit sports teams <input type="checkbox"/>	
Other: ___ <input type="checkbox"/>	
Soldier was informed that had this been a record test failure:	
<ul style="list-style-type: none">They would have up to 3 months to retake and pass the APFTThey would be subject to an adverse action flag and/or bar to reenlistment	
Two consecutive record APFT failures are grounds for separation.	
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.	

DA FORM 4856, AUG 2010

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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)

Soldier will work out with me during lunch or after the normal duty day. ☐

Date: _____ Time: _____ Location: _____

Soldier will meet with a dietitian ☐

Date: _____ Time: _____ Location: _____

Soldier will meet with the unit master fitness trainer ☐

Date: _____ Time: _____ Location: _____

We will develop a workout program that incorporates nutrition, current physical fitness status, minimum physical fitness standards, and the Soldier's long term fitness goals. ☐

Soldier will take a diagnostic APFT every 2 weeks to assess progress ☐

The Soldier voluntarily provided the following reason for this incident:

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: ☐ agrees ☐ disagrees with the information above
Individual counseled remarks: _____

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Signature of Individual Counseled: _____ Date: _____

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

Informational only:

- Conduct standard derogatory counseling
- Monitor Soldier's progress
- Schedule the Soldier an appointment with the dietitian if appropriate
- Review Soldier's physical conditioning with unit master fitness trainer
- Closely supervise Soldier during unit PT
- Conduct follow-ups as outlined in 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.)

2-week follow up: Soldier is making satisfactory progress towards goals and has completed all scheduled appointments. Will continue to assess every two weeks.

2-week follow up: Soldier is not making satisfactory progress. He has shown a poor attitude toward passing the APFT. See additional counseling dated {INSERT DATE}

2-week follow up: Soldier is working diligently but has not shown significant improvement. We will reevaluate fitness program and conduct another assessment in two weeks.

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

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

REVERSE, DA FORM 4856, AUG 2010

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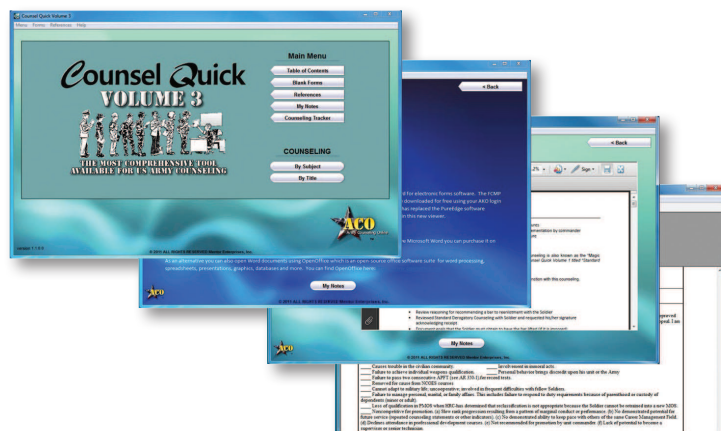
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