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.
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES:	The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE:	Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

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.)*

o Intitial counseling prior to selection for a FULL-TIME NATIONAL GUARD DUTY (FTNGD) posistion. The below listed are conditions of employment and must be acknoledged pror 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 responsibilty.

2. 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 orders or the 30th of September (which ever happens first). All leave will be used via the Leave Log System.

3. 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.

4. I understand that my home of record (HOR) must be within 50 miles of my duty location. If it is not, it is my responsibility to obtain a new HOR within 50 miles, otherwise I will be terminated from FTNGD.

5. Long and short FTNGD tours are contingent on budget, if the budget that finances my tours falls short, my orders will be terminated.

6. 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.

7. If I am required to support State Active Duty there becomes the potential that I may come off FTNGD and my TRICARE benifits will terminate for the period of that duty.

8. 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 seperation from FTNGD.

9. 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.

10. If I am injured during the performance of duty or during 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.

11. I understand tha if I am on FTNGD orders, (over 29 days) that I am entitled to TRICARE Prime and dental coverage for myself through the MMSO. I also understand that if I have dental care provided without required pre-authorization that I may be responsible for the cost of that care.

12. I understand that I am subject to termination due to the implementation of the 1095 Rule (INGR 600-5-32).

13. I have not been on FTNGD for the past 6 years, without having a 31 day or more break.

14. If I am on a TDY order, I understand that it is my responsibility to complete or ensure my DTS is completed.

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)*

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.

2. From your unit of assignment:
   a. Certified height/weight or DA 5500R.
   b. DA Form 705 (APFT Scorecard with record go in past 6 months)
   c. Copy of Physical Health Assessment (PHA) (Must be accomplished before orders are cut)
   d. Coordination of HIV and Pregnancy test as appropriate (Must be completed w/in 15 days of orders)
   e. Print MEDPROS IMR record.

3. Submit all documentation to the ADOS Manager.

4. Failure to follow the above instructions 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 a DA 481.
3. Ensure the Soldier obtains an Active Duty ID Card and applies for TRICARE Prime Remote for individual and family.
4. Ensure FTNGD orders are published prior to the start date of a tour.
5. Ensure adequate physical fitness time is provided (3-5 hours 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.