

# VDF CAREER DEVELOPMENTAL COUNSELING FORM

Proponent Agency is Virginia Defense Force.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Chief of Staff  
**PRINCIPAL PURPOSE:** To assist leaders in documenting subordinate career developmental counseling data.  
**ROUTINE USES:** Compilation of career advancement and placement data.  
**DISCLOSURE:** Disclosure is voluntary.

## PART 1 – ADMINISTRATIVE DATA

<i>Name (Last, First, MI)</i>	<i>Rank/Grade</i>	<i>Date of Counseling</i>
<i>Unit</i>	<i>Name and Title of Counselor</i>	

## PART II – BACKGROUND INFORMATION

**Purpose of Counseling:** *(Leader checks each category once completed)*

1. Increase communication and understanding
2. Discuss career advancement
3. Discuss promotion standards
4. Discuss next assignment
5. Discuss responsibility and professionalism

## PART III – SUMMARY OF COUNSELING

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

**Key Points of Discussion:** *(Leader records the specific areas discussed, attach additional notes as needed to form)*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER INSTRUCTIONS

This form will be destroyed upon separation at ETS or upon retirement.



**PART IV – PLAN OF ACTION**

**Complete this section before session closing.**

**A. Plan of Action:** *(Leader identifies the next steps and the required follow-up)*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**B. Session Closing:** *(Leader summarizes the key points of the session and verifies the subordinate understands the plan of action. The subordinate provides remarks if appropriate. )*

**Remarks:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

**C. Leader's Responsibilities:** *(Leader's responsibilities in implementing the plan of action, e.g. who needs to do what?)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

**PART V – ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** *(Did the plan of action achieve the desired results? The assessment should be scheduled six months after the counseling session. Explain where the plan was deficient in an attachment if necessary.)*

**Projected Date of Assessment** (approximately six months from date of counseling):

**YES, the Plan of Action was Successful**       **NO, (the Plan of Actions needs to be revised)**

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

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

