

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.)

You are being counseled for your unexcused absence on _____. Failure to report for scheduled training may jeopardize the benefits that you may be eligible for as a satisfactory participant in Army Reserve, such as, SGLI coverage, tuition assistance; PX/Commissary privileges; and the GI Bill. Enlistment or reenlistment incentives that you may have received may be terminated and the unearned portion can be recouped.

In addition, the Army Reserve has many career opportunities that you may be interested in and eligible for, such as, officer direct commission; warrant officer; and full-time positions as a Military Technician or an AGR Soldier. Your country needs your service as much as it needed the service of the many generations who have answered their Nations call! You've taken a patriotic step by

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Date Started Recovery Action on this Soldier: _____. DA Form 4856 from FLL attached : Y/N

First Attempt : Phone Call: Home _____ Date: _____ Time: _____

Cell _____ Date: _____ Time: _____

Work _____ Date: _____ Time: _____

AKO Email: _____ Other Email: _____ Date: _____

Mailout Sent (address): _____ Date: _____

Mailout Returned: Y/N Date: _____ Comments: _____

Second Attempt: Home Visit: _____ Date: _____ Time: _____

Work Place Visit: _____ Date: _____ Time: _____

Third Attempt: All methods of trying to reach Soldier have been attempted and have been documented above. Additional means of contact with date and time are as follows:

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)

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.