

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; 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 on your decision to separate from the Army Reserve Troop Program Unit (TPU), ILO a medical board.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- On _____ we discussed the reasons you decided to separate from the Army Reserve, benefits, and entitlements that you will lose upon separation.
- On _____ after our counseling session you decided to separate from the Army Reserve because you were notified that you may be subject to involuntary separation due to not meeting the medical retention requirements IAW AR 40-501, Chapter 3.
- On _____ we discussed if approved by HRC you will receive a packet to make an election within 90 days of receipt for the Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate (DA Form 2656-5) and if you fail to complete the RCSBP election and return it within 90 days, your eligible dependents will receive automatic full coverage which will be deducted from your retired pay at age 60 for coverage received.
- On _____ we discussed you could receive assistance and information on retirement RCSBP, benefits, and entitlements from the nearest Retirement Service Office (RSO).
- Commander Counseling DA Form 4856 is attached (Yes or No)
- SM understands he/she will lose all Army Reserve benefits as a TPU once SM separates from USAR. SM also understands he/she will no longer have TA and Tricare. SM may be subject to recoupment of any bonus payments that may have been paid on a bonus contract.

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. Received your packet from HRC.
2. Made your RCSBP election and returned it to HRC within 90 days of receipt, otherwise you will default to full coverage of eligible dependents and pay the cost when you begin receiving retired pay.
3. You will continue to keep your address updated with HRC for notification of retirement pay packet.
4. You will continue to attend BA until your discharge is effective.

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.