

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 STRENGTH MAINTENANCE TRAINING CENTER	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.)

EVALUATION FOR:

CONDUCT A OFFICER RECRUITING PRESENTATION F17-3

CLASS: F17-OSM, Class: _____ GO _____ NO-GO _____

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

EXECUTE: GREET (ID/ARNG) _____ STATE BOAT, BACKGROUND _____ OBJECTIVES _____ AGENDA _____
TIMEFRAME _____

DISCUSS/PRESENT: PRESENT TOPICS _____ ENCOURAGE INTERACTION _____

CLOSE: REVIEW KEY POINTS _____ REQUEST COMMITMENT, IF APPROPRIATE _____ ASK FOR QUESTIONS _____
CAPTURE LEADS / REFERRALS _____ THANK AUDIENCE _____

THROUGHOUT THE PRESENTATION, DID THE STUDENT BUILD TRUST? _____

DID THE STUDENT ADDRESS CONCERNS BY: Asking Questions to Understand _____ Acknowledge _____

Answer Honestly _____

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)

Continue to practice CCS Presentation Skills:

PL 2 ____ Customer Product Knowledge

PL 4 CP 5 ____ Communicating to Engage; Presenting

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.)

Provide additional training as needed.

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.