

**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.)

Event-oriented counseling

You were administered the Army Physical Fitness Test (APFT) on \_\_\_\_\_. The three event test consisted of push-ups, sit-ups and a 2-mile run. A minimum of 60 points in each event is required to pass the APFT. For your age, the minimum repetitions for push-up is \_\_\_ and you did \_\_, the minimum repetitions for sit-up is \_\_\_ and you did \_\_, and the minimum time for 2-mile run is \_\_\_ and you ran in \_\_\_ minutes and \_\_\_ seconds. You had failed the \_\_\_\_\_ event(s).

**PART III - SUMMARY OF COUNSELING**

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

**Key Points of Discussion:**

Your failure to meet minimum Army standards is an overall indication of your less than acceptable fitness level/standards. Since this was a record APFT, you will be flagged and considered for a bar to reenlistment. This means you are not eligible for favorable actions like awards and promotions until you take and pass a record APFT. You are required to take another record APFT within 90 days of the first record failure (must be agreed upon by the commander and Soldier and must not exceed the 90 day window without documentation from qualified medical authorities). You will take a diagnostic APFT every 30 days until your record test to measure your progress. Two consecutive record APFT failures will result in consideration by the Company Commander (CO) for elimination procedures under the provisions of AR 635-200.

IAW AR 135-178, paragraph 2-4, and AR 635-200, paragraph 1-16, you are being counseled for unsatisfactory performance/misconduct. If your performance/behavior does not improved, you may be processed for involuntary separation from the U.S. Army. Administrative separation can have a serious effect on your life. Some of the ramifications are explained below. If you are discharged due to misconduct, you may receive an Other Than Honorable discharge. Even if you receive an Honorable discharge, any early separation from the Army before the scheduled expiration of your term of service may reduce your chances to obtain either civilian or government employment. It may preclude you from reenlisting in any of the Armed Forces. If you are separated for misconduct before your normal ETS date, you will not receive any money back from the Army College Fund program and you may be required to repay all or some of any enlistment or reenlistment bonus that you have received. Your type of discharge will become a matter of permanent record and may, consistent with the Privacy Act, be provided to any federal agency if you either apply for federal employment or for a federal security clearance. A General discharge will cause you to lose civil service retirement credit and may cause you to lose your entitlement to certain VA benefits. In addition to the above effects, an Other Than Honorable discharge also will cause you to lose payment for accrued leave, to forfeit any authorization to wear a military uniform, to be denied admission to the soldier's home, and to lose eligibility for burial in Army national or Army post cemeteries. An Other Than Honorable discharge may cause you to lose some or all of the benefits administered by the Veterans Administration and other federal agencies. Finally, you should be aware that a General discharge or Other Than Honorable discharge is very rarely upgraded.

**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)

- o You will participate in the Company's Special Population Group (SPG) Program, conducted concurrently with the unit's assigned physical fitness trainer(s)(PFT).
- o Your squad leader, along with the units PFT will design a program tailored to address your specific fitness needs. The program regimen will help you improve your area(s) of weakness and overall fitness level.
- o It is recommended that you routinely spend some of your personal (off duty) time to work on your physical conditioning.

Achieving Army minimum standards is not difficult, the most important element to being successful is maintaining a positive "CAN-DO" attitude and having the "HEART AND DESIRE" to succeed. This is corrective, not punitive in nature and will assist both you and the command to ensure you are capable of passing a record APFT.

**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.**