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 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army. AUTHORITY: PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also **ROUTINE USES:** 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.) o Initial Counseling for Company, Battery/Troop Supply Sergeant **PART III - SUMMARY OF COUNSELING** Complete this section during or immediately subsequent to counseling. **Key Points of Discussion:** , as the Supply Sergeant, I expect you to be the subject matter expert in Supply, and to keep my property accounted for as required. I expect you to carry yourself as a professional and treat your Soldiers as you would want to be treated. Additionally, you should try to serve as a mentor to junior Soldiers within the company. Mold and teach them the right way to operate. 2. Ensure counseling is occurring for negative and positive things. All Soldiers are to be counseled monthly. 3. Integrity is the foundation of our relationship. I will be up front and honest with you, and expect the same in return. My office is always open for any supply issues you need assistance with - let me know what the problem is and what I can do to fix it. 4. Accountability and maintenance of our equipment is paramount. Keep the platoon sergeants active in working with their equipment - as components arrive, pass them down to them. They know the supply office is not a storage area for their material. Your rating chain is: Myself, (Senior Rater) and What I expect of you: o Be the standards enforcer for your section. Ensure that daily (implied) tasks are completed to standard. o To keep aware of Soldier issues and resolve them as they arise. Inform me of any which may need involvement of higher echelons, or which may come to us from higher. o Know Your Profession 1. Continue to educate yourself militarily and formally (college courses) to maintain technical and tactical proficiency. Knowledge and proficiency breed confidence and sound judgment. 2. Know your Soldiers and their limitations (strengths/weaknesses). Encourage them to learn and grow by furthering their education. Teach writing skills.

What you can expect of me:

- o Full support of your actions to those above us, at all times, so long as they are not illegal, immoral, or unsafe.
- o To admit when I don't know something, rather than give a vague response.
- o Feedback from me when you require action, if I cannot complete it immediately, and a timeline of when you can expect it

Areas of Emphasis for this quarter:

- o Work to ensure that all items discovered to be missing from the last 100% cyclic inventories are issued statements of charges or a FLIPL is initiated.
- o Continue to work on updating the shortage annexes for all durable, expendable, and non-expendable items.
- o Prepare for upcoming TPE and Organization FITIP turn in if possible of all equipment that we are not using.

This counseling is by no means all inclusive and will be adjusted from time to time as the mission dictates.

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.

| Note: Both the counselor and the individual counseled should retain a record of the counseling. | | |
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| Counselor: | Individual Counseled: | Date of Assessment: |
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| Assessment: (Did the plan of ac and provides useful information to | tion achieve the desired results? This section or follow-up counseling.) | is completed by both the leader and the individual counseled |
| | PART IV - ASSESSMENT OF | |
| Signature of Counselor: | | Date: |
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| | | |
| Leader Responsibilities: (Lead | ler's responsibilities in implementing the plan o | i acuon.) |
| Signature of Individual Counsele | | Date: |
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| Individual counseled: I agr Individual counseled remarks: | | |
| | ummarizes the key points of the session and c d provides remarks if appropriate.) | hecks if the subordinate understands the plan of action. The |
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| 3. | | |
| 2. | | |
| o List 3 short term goals | | |
| 3. | | |
| 2. | | |
| o List 3 long term goals | | |
| o Review the working copy of your 1 | | |
| | ll discuss and document your progress toward your | |
| specific enough to modify or mail of As part of your initial counseling, w | we have discussed your basic duties, responsibilitie | s and goals. |

REVERSE, DA FORM 4856, JUL 2014