

VDF CAREER DEVELOPMENTAL COUNSELING FORM

Proponent Agency is Virginia Defense Force.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Chief of Staff
PRINCIPAL PURPOSE: To assist leaders in documenting subordinate career developmental counseling data.
ROUTINE USES: Compilation of career advancement and placement data.
DISCLOSURE: Disclosure is voluntary.

PART 1 – ADMINISTRATIVE DATA

<i>Name (Last, First, MI)</i>	<i>Rank/Grade</i>	<i>Date of Counseling</i>
<i>Unit</i>	<i>Name and Title of Counselor</i>	

PART II – BACKGROUND INFORMATION

Purpose of Counseling: *(Leader checks each category once completed)*

1. Increase communication and understanding
2. Discuss career advancement
3. Discuss promotion standards
4. Discuss next assignment
5. Discuss responsibility and professionalism

PART III – SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion: *(Leader records the specific areas discussed, attach additional notes as needed to form)*

1. _____

2. _____

3. _____

4. _____

5. _____

OTHER INSTRUCTIONS

This form will be destroyed upon separation at ETS or upon retirement.



PART IV – PLAN OF ACTION

Complete this section before session closing.

A. Plan of Action: *(Leader identifies the next steps and the required follow-up)*

1. _____

2. _____

3. _____

4. _____

5. _____

B. Session Closing: *(Leader summarizes the key points of the session and verifies the subordinate understands the plan of action. The subordinate provides remarks if appropriate.)*

Remarks:

1. _____
2. _____
3. _____

Signature of Individual Counseled: _____ **Date:** _____

C. Leader's Responsibilities: *(Leader's responsibilities in implementing the plan of action, e.g. who needs to do what?)*

1. _____
2. _____
3. _____
4. _____

Signature of Counselor: _____ **Date:** _____

PART V – ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? The assessment should be scheduled six months after the counseling session. Explain where the plan was deficient in an attachment if necessary.)*

Projected Date of Assessment (approximately six months from date of counseling):

YES, the Plan of Action was Successful **NO, (the Plan of Actions needs to be revised)**

Counselor _____ **Individual Counseled** _____ **Date of Assessment** _____

Note: Both the leader and the individual counseled should retain a record of the counseling.

