

**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.)

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

**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)

**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.**