

DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
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Organization	Name and Title of Counselor
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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 leaders 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:

- * SM understands that this behavior is unacceptable
- * SM understands that if this behavior continues that they could be recommended to be Chaptered from the army

Be advised that continued conduct of this nature may result in initiation of a bar to reenlistment, administrative action to include your separation from the service, and/or punitive action (i.e., UCMJ action).

If this conduct continues, action may be initiated to involuntarily separate you from the service under AR 635-200, Chapter 5, 11, 13, or 14. If you are involuntarily separated, you could receive an Honorable, General Under Honorable Conditions, Under Other than Honorable Conditions, or Uncharacterized discharge. An Honorable discharge may be awarded under Chapter 5, 13, and 14. An Uncharacterized discharge may be awarded under Chapter 11. A General Under Honorable Conditions discharge may be awarded for a Chapter 5, 13, and 14. An Under Other than Honorable Conditions discharge may be awarded for a Chapter 14. If you receive an Honorable discharge you will be qualified for most benefits resulting from military service. If you receive a General Under Honorable Conditions discharge or an Uncharacterized discharge, you will be disqualified from reenlisting in the service for some period (i.e., at least two years) and you will be ineligible for many veterans benefits to include but not limited to the Montgomery G.I. Bill. If you receive an Under Other than Honorable Conditions discharge you will be ineligible for most, if not all, veterans benefits to include but not limited to the Montgomery G.I. Bill and you will be precluded from reenlisting in the service. If a General Under Honorable Conditions, Under Other than Honorable Conditions, or Uncharacterized discharge is given, you may face difficulty in obtaining civilian employment as employers have a low regard for less than Honorable discharges. Lastly, although agencies exists to which you may apply to upgrade a less than Honorable discharge, it is unlikely that such an application will be successful.

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 specific 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.