

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; 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
SNUFFY, JOE A.	SPC/E4	20130909
Organization	Name and Title of Counselor	
670th MP CO, National City CA	SSG Sergeant, Ema, Squad Leader	

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:
 - Date/Time/Location Observed: 20130909, 0910, 670MP CO Motor-pool
 - Event (what the Soldier did): Took charge of the quality control and collection of Platoon 2404s prior to turning them in to maintenance, and conducting an impromptu PMCS class for inexperienced drivers.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- Army Value(s), Attribute(s), or Competency(ies) that the Soldier Demonstrated (see FM 6-22, Appendix A):
Selfless Service; taking his own time to ensure the mission was accomplished to standard. Leads by example; demonstrated technical knowledge and skills. Creates a positive environment; fostered teamwork and cohesion by integrating new drivers into the unit maintenance program.
- Additional Remarks (to include background on situation; etc.):
Proper PMCS' and completing the 2404s on all equipment have routinely been sacrificed due to the high OPTEMPO of the PLT. With experienced drivers being rotated to other positions or units, these tasks have been left to inexperienced Soldiers and NCOs to complete. SPC Snuffy used his experience and training to instruct new drivers and TCs on PMCSing the vehicles to standard and how to fill out the documentation correctly to ensure that all maintenance concerns are met.
- Result (for unit and or Soldier; as well any personal reflections of Counselor):
SPC Snuffy, your actions greatly increased the platoon's readiness, and ensured all drivers within the platoon knew and adhered to the standards. I cannot thank you enough for your hard work.

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)

- Ensure the information on this counseling is discussed/added to your monthly/quarterly performance counseling. Additionally, it will be used to assist in writing any awards or letters of recommendation for you.

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.)

- Discuss/annotate the information in this counseling on monthly/quarterly performance counseling, as well as on any awards, promotion packets, or letters of recommendation for the Soldier. If not the Soldier's rater or supervisor, a copy of this counseling will be provided to the Soldier's supervisor.

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.