DEVELOPMENTAL COUNSELING FORM For use of this form, see FM 6-22; the proponent agency is TRADOC.
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE: DISCLOSURE: Name (Last, First, MI) DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: AUTHORITY: PROTECTED BY LAW & YOUP Rank/Grade DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: AUTHORITY: AUTHORITY: AUTHORITY: AUTHORITY: PROTECTED BY LAW & YOUP 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.)
Event Oriented: Diagnostic APFT Failure
 To discuss: Soldier's Army Physical Fitness Test failure (Diagnostic test) IAW AR 350-1 Possible methods to correct substandard performance Repercussions should Soldier fail for record APFT
PART III - SUMMARY OF COUNSELING Complete this section during or immediately subsequent to counseling.
Key Points of Discussion: {INSERT RANK & NAME} on {INSERT DATE} you were administered a Diagnostic APFT. You achieved the following scores: Pushups (reps/score): / 2-mile Run (time/score): Alternate Event (time): Walk Swim Bike Shuttle Run (time/score): / Rower (reps/score): / Long Jump (in./score): / I.5-mile Run (time/score): / You failed to achieve a passing score in the following events: Newer Alternate Event Pushups 2-mile Run Situps Alternate Event Shuttle Run Rower Long Jump 1.5-mile Run Alternate Event Shuttle Run Rower Long Jump 1.5-mile Run Shuttle Run Rower Long Jump 1.5-mile Run Shuttle Run As a result of your performance I am {CHOOSE: RECOMMENDING/DIRECTING} the following actions: You will be enrolled in the special populations PT Program Data
Date: Location: You will be removed from participating in unit sports teams
 Soldier was informed that had this been a record test failure: They would have up to 3 months to retake and pass the APFT They would be subject to an adverse action flag and/or bar to reenlistment Two consecutive record APFT failures are grounds for separation.
OTHER INSTRUCTIONS This form will be destroyed upon: reassignment <i>(other than rehabilitative transfers</i>), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.
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Underage Drinking Outstanding Performance Loss of personal ID tags Safety Briefing Diagnostic APFT Failure

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V O L U M

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Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The action specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (
Soldier will work out with me during lunch or after the normal duty day.	
Date: Time: Location:	
Soldier will meet with a dietitian	
Date: Time: Location:	
Soldier will meet with the unit master fitness trainer	
Date: Time: Location:	
We will develop a workout program that incorporates nutrition, current physical	
fitness status, minimum physical fitness standards, and the Soldier's long term fitness go	als.
Soldier will take a diagnostic APFT every 2 weeks to assess progress	
The Soldier voluntarily provided the following reason for this incident:	
Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action	n. The
subordinate agrees/dis	
subordinate agrees/disagrees/in prodes reliarks if appreciate.) Individual counseled: dialigree with the information above TENT Individual counseled remarks:	
PROTECTED OR MILITAD	
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YOUR INTEGRITY	
Individual counseled remarks: © MENTOR MILITARY PROTECTED BY LAW & YOUR INTEGRITY	
Signature of Individual Counseled:	
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