



Department of The Army Inspector General Counseling Guide

Note: Sample Forms are just guides for your reference.

UPDATED:
December 2004

MEMORANDUM FOR RECORD

SUBJECT: Counseling Guidance

1. Counseling is a basic responsibility of every leader and an important part of taking care of Soldiers. Counseling responsibility ranges from holding scheduled, structure counseling sessions to reacting to problem situations as they occur by giving on-the-spot guidance.
2. This guidance is intended to assist you in conducting timely and thorough counseling on your Soldiers. The references indicated on the enclosed "Minimum Counseling" document at the TAB are your principle references for developing counseling programs and conducting counseling sessions within DAIG. **The examples listed in this manual are not all inclusive.** Leaders should **use the examples only as a guide** to ensuring compliance with The Office of The Inspector General counseling program.
3. Division chiefs and/or unit commander may, in some cases, be required to endorse counseling from a Soldier's supervisor; they may do this by completing and signing the Leader Responsibilities section of the DA Form 4856. If Soldiers fail to comply with the information in the Plan of Action section of the DA Form 4856, supervisors do not have to develop a whole new counseling. Part IV of the DA Form 4856 may be used for this purpose.
4. Once the counseling program has been established, develop ways to verify that counseling is being conducted in your division. For example, emphasize counseling during OIP's, CIP's staff assistance visits, conduct periodic counseling training, always spot checks, etc.
5. Leaders are reminded that written counseling should be based on factual information only. Therefore, if counseling is conducted properly, a Soldier should agree with the key points of discussion and the plan of action. If they disagree, they should be encouraged to state specifically why in the "Individual counseled remarks" section.
6. Inspector General Network (IGNET) website help at: <http://saig-web1.ignet.army.mil/saig/fr2.htm>
Department of the Army Counseling website at: <http://www.counseling.army.mil>
7. The points of contact for this action are the undersigned at (703) 695-1500/01 (DSN 225).

HENRY W. JACKSON II
SGM, USA
The Inspector General Sergeant Major

PAUL T. MIKOLASHEK
LTG, USA
The Inspector General

MINIMUM COUNSELING REQUIREMENTS

Type of Counseling	Frequency	Reference	Reference Title	Ref/Change Date	Chapter/Para/Page
ASAP	As required	AR 600-85	Army Substance Abuse program	1-Nov-2001	Chapters 2-3
Bar to Reenlist/ Retention	As required w/in 90 days - arrival	AR 601-280	Army Retention Program	31-Mar-99	Chapter 8 Para 11-4
Chapter	As required	AR 635-200	Enlisted Personnel	26-Jun-96	Chapter 1
Extremist Group	As required	AR 600-20	Army Command Policy	Nov 2004	Chapter 4
Family Care Plans	Initially / Annually	AR 600-20	Army Command Policy	30-Mar-88	Chapter 5
Family Financial Support	Upon notification As required	AR 608-99	Family Support Child Custody and Paternity	20-Nov-2004	Chapter 2
Flags	As required	AR 600-8-2	Suspension of Favorable Actions	30-Oct-87	Chapter 2
Initial:					
Enlister	Within 30 days	FM 22-100	Army Leadership	Aug-99	Appendix C - Developmental Counseling
NCO	Beginning of rating period all ranks	FM 22-100 AR 623-205	Army Leadership NCOER	15-May-2002	Appendix C - Developmental Counseling
Officer		AR 623-105 Pam 623-205	OER	20-Nov-2004	Chapter 2
Mental Health Referrals	As required	DoD Directive 6490.1	Mental Health Evaluation of Members of Armed Forces	14-Sep-93	Page 3-1
Non judicial Punishment	As required	AR 27-10	Military Justice	20-Aug-99	Chapter 3
Overweight	Monthly	AR 600-9	The Army Weight Control Program	1-Oct-90	Para 21
Performance:					
Enlisted	Periodically/Monthly	FM 22-100/ Unit SOP	Army Leadership	Aug-99	Appendix C - Developmental Counseling
NCO	Quarterly	FM 22-100 AR 623-205	Army Leadership NCOER	15-May-2002	Appendix C - Developmental Chapter 3, sec II
Officer	As required	AR 623-105	OER	20-Nov-2004	Chapter 2
Pregnancy	Initially	AR 635-200	Enlisted Personnel Officer	26-Jun-96 1-May-89	Chapter 8 Chapter 3
Promotion / Reduction	Initially/Quarterly	AR 600-8-19	Enlisted Promotion and Reduction	1-Nov-91	Chapter 2, 3, 6
APFT Failures	Upon failures As required	AR 350-41 FM 21-20	Training in Units Physical Fitness TNG	04-Apr-2003 30-Sep-92	Chapter 9 Page 14-11

As of Dec 2004

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Reception and Integration Counseling

Reception and Integration into a Small Unit (Preparation for Staff Sergeant)

Possible Topics to Discuss During Counseling Session:

- Soldier's future as a leader
- Individual Soldier's immediate and long term goals
- Leadership positions within the small unit
- Road Map to Future Leadership Success:
 - What is the De-Centralized Promotion System?
 - Local unit promotion policies.
 - Promotion points/criteria per AR 600-8-19.
 - APFT, Weapon Qualification, Civilian Education, Correspondence Courses, Awards, and Commander's Evaluation.
- Proving your leadership ability:
 - Taking care of yourself
 - Taking care of your family
 - Taking the initiative
 - Personal appearance
 - Accountability
 - Duty performance
- Self Development:
 - MOS proficiency
 - Cross training
 - Supervising Maintenance
 - Conducting Physical Training

Below is a space for you to list addition topics to discuss that may apply uniquely to your situation:

Possible Plan of Action: (These are areas that the subordinate should come to the conclusion of and if not the leader should provide suggestions. Remember that the person counseled develops plan with counselor's guidance.) **NOTE: All of these and more are things the Soldier should think of to prove his/her worthiness of having leadership potential.**

- Learning the mission of my section, squad, or team and how it relates to the next higher mission
- Learning and perfecting assigned tasks
- Learning about other section member's tasks
- Learning about my leader's tasks

- Enrolling in off-post civilian education and military correspondence courses
- Improving APFT score
- Achieving Expert Marksmanship on assigned weapon
- Maintain good order and discipline
- Setting an example on daily personal appearance and conduct on and off duty
- Taking care of family
- Being accountable
- Being reliable

Possible Leader's Responsibilities: (This is only an example for you to use as a guide.)

- Provide the Soldier with a copy of the unit's METL and SOPs
- Provide the Soldier with an outline of his/her job description and that of his peers and supervisor.
- Assist the Soldier in enrolling in college class and military correspondence courses
- Provide the Soldier with a Career map of his MOS
- Provide the Soldier with a copy of the promotion point worksheet and review it with him/her
- Outline the standards for the Soldier of what you expect them to meet
- Develop a plan to get your Soldier cross trained within the Section/Team/Branch/Division
- Supervise the Soldier in performing all maintenance
- Schedule the Soldier to administer organized physical training within the division

INITIAL COUNSELING

NAME: _____ RANK: _____ SSN: _____

I. DUTY HOURS

1. FORMATION/FISRT CALL

FIRST CALL/REPORT FOR DUTY AT _____
_____ PT FORMATION/PT TIME
_____ - _____ LUNCH TIME
DUTY DAY ENDS _____

2. THESE ARE THE NORMAL DUTY TIMES/HOURS; OTHER DUTY REQUIREMENTS/FORMATION TIMES WILL BE ADDRESSED AS REQUIRED.

II SICK CALL PROCEDURES

1. KNOW YOUR PRIMARY CARE MANAGER AND SPECIFIC SICK-CALL PROCEDURES PRIOR TO GETTING SICK OR INJURED.

2. NOTIFY SUPERVISOR ASAP OF ILLNESS/INJURY.

3. FOR ASSISTANCE OR ROUTINE TRICARE APPOINTMENTS, CONTACT SIERRA MILITARY HEALTH SERVICES, INC. AT 1-(800) 999-5195. ON-LINE HELP IS AVAILABLE AT [HTTP://WWW.SIERRAMILITARY.COM](http://www.sierramilitary.com)

4. NOTE: SCHEDULING A SAME-DAY APPT. AT PENTAGON IS ON A WALK-IN BASIS, BEGINNING AT 0700. OTHER MEDICAL FACILITIES (FORT MYER, FORT BELVOIR, PRIMUS CLINICS) MAY HAVE DIFFERENT PROCEDURES.

5. REPORT TO YOUR PRIMARY CARE MANAGER/MILITARY TREATMENT FACILITY DURING SICK-CALL HOURS/WALK-IN BASIS/FOR APPT.

6. UPON COMPLETION OF SICK CALL, CONTACT YOUR SUPERVISOR/CHAIN OF COMMAND AND RETURN SICK CALL SLIP OR PROFILE, AS REQUIRED.

III

1. SUPERVISORY CHAIN

A. TEAM CHIEF _____
B. BRANCH CHIEF _____
C. DIVISION CHIEF _____

2. CHAIN OF COMMAND (FOR ENLISTED)

A. HHC 1SG _____
B. HHC CDR _____
C. BN CSM _____
D. BN COMMANDER _____

3. USE YOUR SUPERVISORY CHAIN/CHAIN OF COMMAND; ENSURE YOU KEEP THEM INFORMED OF APPOINTMENTS OR ANY PROBLEMS YOU MAY HAVE. LEADERSHIP IS THERE TO HELP YOU, DON'T BE AFRAID TO USE THEM.

IV. APPOINTMENTS

1. SCHEDULE APPOINTMENTS TO AVOID CONFLICTS WITH DUTY SCHEDULE.

2. TURN IN ANY REQUIRED APPOINTMENT SLIPS TO YOUR SUPERVISOR.

V. PHYSICAL TRAINING

1. PT IS ROUTINELY CONDUCTED ON YOUR OWN DURING DUTY HOURS AND IS A VERY IMPORTANT PART OF YOUR DAILY ACTIVITIES.

2. YOU SHOULD STRIVE TO ACHIEVE A SCORE OF 300 ON THE APFT.
3. VARY YOUR INDIVIDUAL PT PROGRAM TO INCLUDE CARDIOVASCULAR AND STRENGTH TRAINING.

VI. VEHICLE AND POV REGISTRATION

1. VEHICLE AND POVS ARE REGISTERED THROUGH FORT MYER.
2. REGISTRATION MUST BE DONE WITH THE PROVOST MARSHALL; YOU MUST HAVE A VALID VEHICLE REGISTRATION, CURRENT DRIVER'S LICENSE, AND PROOF OF INSURANCE TO REGISTER YOUR VEHICLE ON POST.

VII. TRAINING

1. IF YOU ARE ASSIGNED A WEAPON, THE GOAL IS TO QUALIFY EXPERT.
2. YOU WILL GIVE NO LESS THAN 100% EFFORT IN ALL TRAINING THAT WE CONDUCT.
3. ALWAYS ACCOMPLISH THE MISSION TO THE FULLEST EXTENT POSSIBLE.
4. DO NOT SECOND GUESS SUPERIOR OFFICERS OR NCOS; DISRESPECT AND NEGATIVE ATTITUDES WILL NOT BE TOLERATED, AND WILL BE DEALT WITH SEVERELY.

VIII. FAMILY MEMBERS

1. ENSURE FAMILY MEMBERS ARE TAKEN CARE OF.
2. IF YOU DEPLOY OR PERFORM TEMPORARY DUTY, ENSURE YOUR FAMILY HAS ENOUGH MONEY AND FOOD TO LIVE COMFORTABLY. (Power of attorney needed?)
3. ENSURE FAMILY MEMBERS RECEIVE THE MEDICAL CARE THEY NEED AND ARE INFORMED OF YOUR WHEREABOUTS.

IX. FINANCES

1. CHECKS.
2. CREDIT CARDS
3. RENT
4. ENSURE YOU HAVE MONEY BEFORE YOU WRITE CHECKS, AND DON'T BUY THINGS THAT YOU CAN'T REALLY AFFORD ON CREDIT. MAKE SURE YOUR RENT, UTILITIES AND ALL OTHER BILLS ARE PAID BY THE TIME SPECIFIED.

X. LEAVE AND PASSES

1. PASSES ARE GIVEN ON A CASE-BY-CASE BASIS AND CANNOT EXCEED FOUR DAYS.
2. LEAVES ARE SCHEDULED ON AN INDIVIDUAL BASIS (NOT BLOCK LEAVE OR ROUTINELY PLANNED ALL AT ONE TIME DURING THE YEAR.) LEAVES SHOULD BE PLANNED TO AVOID DISRUPTION TO DUTY REQUIREMENTS WITHIN THE DIVISION.
3. TO REQUEST A LEAVE OR PASS YOU MUST GO THROUGH YOUR SUPERVISORY CHAIN, AND HAVE A COPY OF YOUR CURRENT LES. APPROVAL AUTHORITY FOR LEAVES/PASSES IS AT THE DIVISION CHIEF LEVEL; OPERATIONS AND SUPPORT DIVISION PROVIDES A CONTROL NUMBER AND FORWARDS TO PAC FOR PROCESSING.

XI. RESPONSIBILITY

1. YOU ARE RESPONSIBLE FOR YOUR ACTIONS.
2. ENSURE YOUR EQUIPMENT IS CLEAN, SERVICEABLE, AND ACCOUNTABLE FOR AT ALL TIMES.
3. IF ASSIGNED A WEAPON, IT SHOULD BE CLEANED TO ESTABLISHED DIVISION STANDARDS.

4. YOU WILL BE REWARDED FOR A JOB WELL DONE. IF YOU FAIL TO MEET STANDARDS, YOU MAY BE PUNISHED.

WELCOME TO THE DEPARTMENT OF THE ARMY INSPECTOR GENERAL; WE HAVE HIGH STANDARDS AND DEMAND NOTHING BUT THE BEST. ENSURE YOU GIVE NOTHING LESS THAN 100%.

NAME: _____

SIGNATURE: _____

COUNSELOR NAME & RANK: _____

SIGNATURE: _____

DATE: _____

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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 <i>(Last, First, MI)</i> DOE, JOHN D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling 2 MAY 02
Organization HHC, 25th ID(L), Schofield Barracks, HI 96857		Name and Title of Counselor Steve Austin, Section NCOIC	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i>			
Date and circumstances: 4 May 02 Reception and Integration of newly arrived soldier.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: This counseling statement sets forth responsibilities while assigned to this section and clarifies expectations demanded by this command. This month's counseling also covers your job assignment and critical areas in the following areas: Job knowledge, readiness of equipment, bearing and appearance, physical condition, barracks, single soldier initiatives (SSI), and enthusiasm. While assigned to this section, your job assignment will be _____. Accountability and maintenance of your equipment is your responsibility. Remember, the responsibilities listed are just a few of the responsibilities for an outstanding soldier. The chain of command is also here to help with any personal problems that may arise. Your first line supervisor is the place to start asking for help after your attempts to solve the problems have failed. If the problem cannot be solved at the lower levels of command, it will be brought up to higher levels. You also have the option to use the commander's open door policy.			
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.			

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).)*

Set forth strong personal efforts through correspondence courses to become proficient in your job.
Maintain your weapon and equipment in serviceable condition.
Maintain high standards of military appearance and bearing during on and off duty hours.
Maintain top physical condition to meet section's standards and pass the APFT.
Keep the appearance and condition of your individual living area, to include your wall locker IAW unit policy.
Perform with enthusiasm each assigned task.
Do not just meet standards, always strive to improve and exceed standards.

YOU ARE FURTHER REMINDED THAT YOU ARE SUBJECT TO ALL THE PUNITIVE AND NON-PUNITIVE ARTICLES OF THE UCMJ AT ALL TIMES.

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: 4 MAY 02

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: _____ Date: 4 MAY 02

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.

Record APFT Failure/Flag Action Counseling

Developmental Counseling: is a subordinate-centered communication that outlines actions necessary for subordinates to achieve individual and organizational goals and objectives (begins with the reception/integration and/or initial counseling and is a continuous process.

Note: Developmental counseling may not apply when an individual has engaged in more serious acts of misconduct. In those situations, the matter should be referred to the commander and the servicing staff judge advocate for input and direction).

Goal/Intent: Event-oriented counseling involves a specific event or situation. This counseling may precede or follow events and is both positive and negative in nature (e.g., assistance, direction, conduct, progression, superior performance, substandard performance). Successful event-oriented counseling must be conducted as close to the event as possible. The common tendency is to identify what went wrong instead of right. Often, counseling efforts focus on identifying/documenting the poor performance/conduct. Leaders must be just as diligent and forthright in identifying/documenting positive performance/conduct as well. When a leader's rehabilitative efforts fail, counseling with a view towards separation fills an administrative prerequisite to many administrative discharges and serves as a final warning to the Soldier to improve performance/conduct or face discharge. In most situations, it is beneficial to involve the chain of command as soon as you determine that adverse separation counseling may be required. Adverse separation counseling may involve informing the Soldier of the administrative actions available to the commander in the event substandard performance/conduct continues and of the consequences associated with those administrative actions (see AR 635-200).

Possible Purpose of Counseling: (reason for counseling; Para. C-68).

- Event counseling (e.g., Record APFT Failure).
- Leader includes facts and observations prior to the conduct of counseling.

The purpose of this counseling is to inform PFC Somebody that he failed to successfully pass a record Army Physical Fitness Test (APFT), the potential career consequences, and to develop a plan of action for improved performance.

Facts:

1. APFT raw score requirements for your gender and age groups are:

Push-ups: _____; **Sit-ups:** _____; **2 Mile Run:** _____

2. You achieved the following raw scores on the record APFT:

Push-ups: _____; **Sit-ups:** _____; **2 Mile Run:** _____

3. You failed (place an "X" in appropriate categories) the following event(s) of the record APFT:

Push-ups: _____; **Sit-ups:** _____; **2 Mile Run:** _____

Possible Key Points of Discussion During Counseling: (Para. C-69, C-70).

Your failure to meet minimum Army standards is an overall indication of your less than acceptable fitness level/standards. Since this was a record APFT, you will be flagged and considered for a bar to reenlistment. This means you are not eligible for favorable actions like

awards and promotions until you take and pass a record APFT. You are required to take another record APFT within 90 days of the first record failure (must be agreed upon by the commander and Soldier and must not exceed the 90 day window without documentation from qualified medical authorities). You will take a diagnostic APFT every 30 days until your record test to measure your progress. Two consecutive record APFT failures will result in consideration by the Company Commander for elimination procedures under the provisions of AR 635-200.

Possible Plan of Action: (subordinate develops plan with counselor's guidance; para. C-71).

You will participate in the company's special fitness program (conducted concurrently with unit physical fitness training). Your Squad Leader, along with the unit Master Fitness Trainer (MFT) will design a program tailored to address your specific fitness needs. The program regimen will help you improve your area(s) of weakness and overall fitness level. It is recommended that you routinely spend some of your personal (off duty) time to work on your physical conditioning. Achieving Army minimum standards is not difficult, the most important element to being successful is maintaining a positive "can-do" attitude and having the "heart and desire" to succeed. This is corrective, not punitive in nature and will assist both you and the command to ensure you are capable of passing a record APFT.

Possible Leader Responsibilities: (counselor's responsibilities to subordinate; Para. C-75).

- Have Soldier medically evaluated for potential factors contributing to physical limitations. Possible dietary considerations.
- Structure fitness plan to meet Soldier's requirements (preferably a MFT).
- Squad Leader must stay involved and interested in Soldier's improvement.
- Ensure qualified NCOs conduct fitness training.
- Ensure participation of required Soldiers in the unit's special fitness program.
- Monitor progression of participants.
- PSG/1SG periodically joins in fitness sessions for encouragement/support and to verify training quality.
- Schedule a record APFT within 90 days of first record failure (must be agreed upon by the commander and Soldier and must not exceed the 90 day window without documentation from qualified medical authorities).
- Upon passing of record APFT, release from special fitness program to participate in unit physical training.
- Upon passing of record APFT, removal of flag and bar to reenlistment (if applicable).

This counseling is based upon your performance. Continued poor performance of this nature could lead to further corrective training, a rehabilitative transfer, action under the UCMJ, and/or elimination from the service. If this performance continues it could be cause for separation action. If separated for your duty performance, the least favorable character of discharge you could receive is a general discharge. If separated for misconduct, you could receive an other than honorable discharge. Both may cause undue hardships in civilian life and may reflect on your eligibility for veteran's benefits, eligibility for reentry into the Armed Forces and acceptability for employment in the civilian community (AR 635-200).

Required Action:

- In case of APFT failure, complete DA Form 268 to initiate flag action.
- Ensure future counseling establishes that the Soldier was afforded a reasonable opportunity to overcome the deficiencies discussed prior to initiating chapter proceedings.
- Ensure both the counselor and the Soldier counseled sign the 4856.

Assessment: (completed by both the counselor and subordinate; Para. C-76).

- To be completed once action(s)/standards/desired results are achieved, corrective/rehabilitative training/punishment is complete, or the plan of action has changed.

Reference: FM 22-100, Appendix C, dtd., August 1999

**** (This example is intended to be used as a guide and is not all inclusive)****

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade PFC/E-3	Social Security No. 000-00-0000	Date of Counseling 22MAYXX
Organization HHC 25th ID (L) Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>There are several circumstances/incidents IAW AR 600-8-2 that require a soldier to be flagged. Listed below is only a suggested/recommended format. The individual initiating the flag should familiarize him or herself with AR 600-8-2, Suspension of Favorable Actions, dtd 30OCT87, and utilize all necessary information relating to the individual soldier.</p> <p>Date and circumstance(s): 22 APR XX Failure of the Army Physical Fitness Test (APFT)</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>PFC Doe, today you were administered a record APFT and you failed to achieve a passing score of 180 pts (60 pts per event-situps, push-ups, and a 2-mile run) within the authorized time limits IAW FM 21-20 and AR 350-41. You were given notification of the upcoming record APFT o/a 03 MAR XX. In your monthly performance counseling statements you were informed that physical fitness is an individual responsibility and can have a great impact on your military career (i.e., promotionextensions, etc.), especially as the Army continues to draw down. I also informed you that you needed more time to train (get in shape) I would place you in the company's special physical fitness program and you stated that you would pass the APFT with no problems. PFC Doe, to my knowledge, you are not on any known medical profile/ medications, therefore your performance on the APFT is unsatisfactory. I am also informing you that a consecutive APFT failure may result in a process of elimination from military service.</p>			
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.			

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).)*

IAW AR 600-8-2 and AR 350-41, I am recommending that you be flagged immediately (today). You will be enrolled in the company's special physical fitness program effective immediately. You are to meet the Army standard for the APFT on the next record APFT scheduled for XXNOVXX.

THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEMS(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE A GENERAL DISCHARGE UNDER HONORABLE CONDITIONS AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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.

Retention Counseling

Purpose: Inform the Soldier of his/her options in the RA and the Guard/Reserve at specified periods prior to their ETS.

Frequency:

- 30-60 days after arrival to unit
- 60-90 days after arrival
- 15-16 months prior to ETS
- 13-14 months prior to ETS
- 4 months prior to ETS
- 90 days prior to ETS or beginning of terminal leave

Minimum areas to address:

- 30/60 days: discuss Soldier's promotion potential in current MOS, evaluate military and civilian education accomplishments and goals, discuss short and long term goals, and steps needed to accomplish these goals,, provide Soldier with copy of "The Army Career Planner" and other publicity items (counseling is entered on the DA Form 4591-R and is conducted by an RA Career Counselor)
- 60/90 days: assess Soldier's goals, expectations, and understanding of the unit's mission, inform Soldier of negative and positive aspects of performance, and methods to improve on shortcomings, advise the Soldier that he may not be a candidate for reenlistment if negative performance continues, discuss a bar to reenlistment if this is appropriate, discuss retraining options if Soldier is in an over strength MOS (counseling is entered on the DA Form 4591-R and is conducted by the Company Commander.
- 15/16 months: help Soldier analyze abilities, opportunities, limitations, and personal problems, discuss status of Soldier's MOS, and opportunities for promotion. Soldiers in over strength MOS' should be encouraged, considering advantages of retraining at reenlistment point. Discuss BEAR program, and send interested Soldiers to the Career Counselor. Advise Soldiers to investigate civilian opportunities through ACAP. Soldiers with limited potential will be advised of needed improvements and shortcomings. Advise Soldiers how they compare with their peers in the unit and in the Army. (Counseling is done by Company Commander)
- 13/14 months: Review Soldier's qualifications from previous interviews. Discuss options in detail, and Army benefits. Advise Soldier of retirement benefits, health care plans, education opportunities, etc. Review API 399 "The Army Career Planner). Counseling done by RA Career Counselor.
- 4 months: Address unresolved issues and problems. Review options, incentives, and benefits, including the Reserves. Counseling done by RA Career Counselor.
- 90 days: Encourage Soldiers to transition into an ARNGUS unit or USAR unit. Discuss RC and NG benefits, options. For Soldiers who have completed their MSO, encourage transition into the IRR. (Commanders may waive this interview if the Soldier is currently processing for reenlistment in the Active Army). (Counseling done by RA or RC Career Counselor)

Required Action:

- 30/60 days: None
 - 60/90 days: Soldiers not recommended for future service will have a bar to reenlistment initiated
 - 15/16 months: None
 - 13/14 months: If reenlistment commitment is obtained, coordinate with unit reenlistment NCO to initiate DA Form 3340-R. Coordinate with commander to check if bar is warranted. Verify records to determine eligibility
 - 4 months: If appropriate, refer to unit commander, 1SG, or CSM for follow-up counseling. If Soldier commits, initiate DA Form 3340-R and coordinate with unit commander or RC Career Counselor (as applicable). The RC Career Counselor will be provided the completed DA Form 1315
- 90 days: None.

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) DOE, JOHN A.	Rank/Grade SPC/E4	Social Security No. 111-11-1111	Date of Counseling 8 MAR 02
Organization HHC, 25th ID(L), Schofield Barracks, HI 96857		Name and Title of Counselor Tracks, R.R., Company Commander	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>Purpose of Counseling: Leader states the reason for the counseling, e. g. Performance/Professional or Event-Oriented counseling and includes the leaders facts and pbservation prior to the counseling.</p> <p>The purpose of this counseling: the soldier is within 15-16 months of his ETS.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>SPC Doe's abilities are right on par with peers and his regular counseling indicates no need for improvement. His opporunities for promotion have been discussed (he will attend the next promotion board) and presently he has no limitations to his creer should he decide to remain in the service. Discussed his personal problems of which he mentioned his child (EFMP) and that he was pleased with the attention he has received from his chain of command regarding his situation. Discussed the current situation with the infantry and he understands his opporunities will increase with atendance at school (Ranger, sniper, etc.) He has declined to investigate his civilian opporunities through ACAP and was advised that ACAP was not an option. Until he has reenlisted he understands he will attend ACAP. He understands he needs to attend schools to remain competitive with his peers, but he has no significant problems to hold him back.</p>			
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.			

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).)*

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). SPC Doe will continue to investigate his options in and out of the Army. He will continue to prepare for the promotion board.

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.)*

Ensure soldier is board-prepped.
Counsel by Career Counselor in one month.

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.

Reduction Counseling

Purpose: Inform the Soldier and the chain of command why the Soldier is being considered/recommended for reduction in grade. The counseling should provide background and evidence for the reduction.

Frequency: As often as necessary.

Minimum areas to address:

- Reason(s) for reduction
- Soldier's potential for promotion
- Soldier's requirements for promotion
- Soldier's strength/weaknesses

Required Action:

- Inform chain of command of recommendation to reduce and refer to AR 600-8-19, Chapter 6

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) DOE, JOHN A.	Rank/Grade SPC/E4	Social Security No. 222-22-2222	Date of Counseling 10 JAN 02
Organization HHC, 25th ID(L), Schofield Bks, HI 96857		Name and Title of Counselor Steve Austin, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> 10 Jan 02 Personal Indebtedness/Patterns of Misconduct			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: Under the provisions of AR 600-8-19, Chapter 6, I am recommending to the Commander that you be reduced based upon the following (act) (pattern of misconduct) (personal indebtedness) (dereliction of duty): - phone bills - rent (housing) - credit cards - family support payments			
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.			

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).)*

The following action needs to be taken by you to get yourself back up to speed again. You must take your finances seriously and pay your bills on time. To assist you in this, I have enrolled you in the ACS budgeting class. You have an obligation to provide financial support to your family and must decide which method you will use to accomplish this (i.e. allotment, check) Provide me documentation as proof of fulfilling your financial obligation to your family.

THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER THE PROVISIONS OF ar 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE AN OTHER THAN HONORABLE CONDITIONS DISCHARGE AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSOBE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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.)*

Recommend to commander that soldier be reduced from SPC to PFC.

Enroll soldier in the ACS budgeting class.

Monitor soldier's actions for a period of 90 days.

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.

Promotion Counseling

Purpose: To inform the Soldier why they were/were not recommended for promotion, and tell the Soldier what they need to do to get promoted/perform at the next higher grade.

Frequency:

- Required by the Commander initially when a Soldier attains eligibility
- Every 90 days
- Supervisors may continue to counsel the Soldier, but the Commander must endorse the counseling in Part IV, "Assessment of the Plan of Action," on the 4856

Minimum areas to address:

- Reason Soldier was/was not recommended for promotion
- Soldier's potential for promotion
- Requirements for promotion
- Ensure Soldier and counselor sign

Required Action:

- Ensure chain of command is informed regarding counselor's recommendation
- Submit completed 4856 to Commander for Endorsement/Recommendations.

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling XXMAYXX
Organization HHC 25th ID (L) Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>Promotion/developmental counseling on soldier competencies, skills, knowledge, and attitudes (SKAs) observed for 90 days. SPC Doe is not being recommended for the next higher grade. He has never been seen to take down the EEIs for his assigned tasks, and has a tendency to not be straightforward in answering questions from his superiors. He did not complete several details by the deadline given, and these details had to be given to another section. On two details he did complete he did not plan for water resupply during the last field problem, causing unnecessary hardship for his men.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>SPC Doe's overall performance has been marginal. Discussed SPC Doe's problems in receiving and interpreting information from his superiors. His failure to copy down EEIs causes information to have to be repeated to him often. His tendency to beat around the bush when questioned about a detail's status shows a weakness in the "be honest and courageous" attitude. His failure to complete details on time shows a weakness in his understanding of the backward planning process. That some of his assigned tasks had to be passed to others shows a weakness in his attitude of "accomplish the mission".</p>			
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.			

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).)*

SPC Doe will review TC 22-6 and familiarize himself with the SKAs required by grade, specifically communication, planning honesty and courage, and accomplishing the mission. He will always carry paper and something to write with so that he may immediately copy down EEIs from superiors. SPC Doe will from now on be more direct, clear, and concise in his answers to questions from superiors. SPC DOE will not be recommended for promotion to the next higher grade until he has shown improvement.

THE COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER THE PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE A GENERAL DISCHARGE AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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: XXMAYXX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Assist SPC Doe is obtaining TC 22-6.

Inspect SPC Doe each day to ensure he has a pen and paper as part of his uniform.

Monitor SPC Doe in his day-to-day responses to superiors; assist him in developing his communication skills.

Monitor SPC Doe's execution of his assigned tasks and ensure he and his men are shouldering their share of the work.

Signature of Counselor: _____ Date: XXMAYXX

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.

Performance Counseling

Purpose: Inform the Soldier of positive and negative duty characteristics and promotion potential

Frequency: As often as necessary

Minimum areas to address:

- Appropriate adjustments to the working NCOER
- Positive and negative duty performance
- Recommended improvements
- Promotion and retention potential
- Strength/weaknesses
- School potential
- Overall performance
- Ensure Soldier and counselor sign the 4856

Required Action: Ensure chain of command is aware of recommendations/observations.

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling XXMAYXX
Organization HHC 25th ID (L) Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>Performance/Developmental counseling on soldier competencies, skills, knowledge, and attitudes (SKAs) from 01 MAY XX through 31 MAY XX.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>You were put in charge of several details which you executed fairly well. However, in the sandbag detail, you failed to plan for water resupply which caused your peers to come back across the street for water. This was unacceptable. In couple of other details, you failed to meet the time deadline. Although you completed the task, which showed a strong attitude of "accomplish the mission," missing your deadline was an indication that you are weak in using the backward planning process. Since your arrival here you have always made an effort to strengthen your weakness and build on your strengths. This is a trademark of a solid leader. Your performance before the E5 promotion board will determine when you will attend PLDC.</p>			
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.			

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).)*

Look at TC 22-6 for SKAs by grade level. You must begin to be more direct, clear, and concise in your responses to and delivery of oral orders. You must always plan for water and chow in your details. Take care of your soldiers! Review the backward planning process and incorporate it into your assigned mission. Prepare for the E5 promotion board.

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: XXMAYXX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Recommend SPC Doe appear before the E5 promotion board. Assist SPC Doe in preparation for the board.

Signature of Counselor: _____ Date: XXMAYXX

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.

MONTHLY PERFORMANCE COUNSELING

DATE OF COUNSELING:_____

NAME.RANK OF COUNSELOR:_____

Soldier's Name:_____ Grade:_____
 LAST FIRST M.I.

SSN:_____ Unit:_____

(MALE/FEMALE) Duty MOS/Job_____

1) Sustain:

- a.
- b.
- c.

2) Improve:

- a.
- b.
- c.

3) Reenlistment:

- Window of eligibility_____ (date)
- GT Score:_____ (if less than 110, date SM will attend FAST

Class:_____

4) Promotion:

- Eligibility date for promotion to (grade)_____ is (date)

5) Maintenance of Equipment (TA-50, Weapon, Nods, Commo, etc)

6) School Potential:

- Ranger School

- NCOES

- Specialty

7) Appearance (Uniform, Boots, Grooming, Conduct, etc)

8) Physical Fitness

9) Barracks (Living Area)

10) Performance as a Team Player (Standards)

11) Attitude/Motivation:

12) Summary:

Counselor's Signature: _____

Soldier's Signature: _____

CONCUR / NON-CONCUR (circle one) Soldier's Initial: _____

Use Space Provided Below for Rebuttal:

Overweight Counseling

Purpose: Inform Soldier of the consequences of exceeding the body-fat standards, and the necessary progress they must make to comply with standards.

Frequency: As necessary

Minimum areas to address:

- Consequences of being overweight (see AR 600-9 dated October 1990)
- Include all examples of memorandum, giving the Soldier the necessary steps they must make to achieve the standards
- Ensure Soldier understand they will be flagged, and the consequences of being flagged

Required Action:

- When a Soldier is identified as exceeding the weight for height standard, initiate a body fat content worksheet
- If Soldier exceeds the body fat standard, initiate flag for weight control program
- Initiate series of memos in sequence and as required

REPORT TO SUSPEND FAVORABLE PERSONNEL ACTIONS (FLAG)

For use of this form, see AR 600-8-2; the proponent agency is MILPERCEN.

SECTION I - ADMINISTRATIVE DATA

1. NAME <i>(Last, First, MI)</i> DOE, JOHN A.		2. SSN 333-33-3333	3. RANK SSG
4. <input checked="" type="checkbox"/> On active duty <input type="checkbox"/> Not on active duty <input type="checkbox"/> On ADT			5. ETS/ESA/MRD INDEF
6. UNIT ASSIGNED AND ARMY MAJOR COMMAND HHC, 25TH ID(L), SCHOFIELD BARRACKS USARPAC		7. STATION <i>(Geographical location)</i> SCHOFIELD BARRACKS, HAWAII	
8. PSC CONTROLLING FLAGGING ACTION AND TELEPHONE NUMBER			
9. THIS ACTION IS TO:			
<input checked="" type="checkbox"/> Initiate a flag <i>(Sections II and V only)</i> <input type="checkbox"/> Transfer a flag <i>(Sections III and V only)</i> <input type="checkbox"/> Remove flag <i>(Sections IV and V only)</i>			

SECTION II - INITIATE A FLAG

10. A FLAG IS INITIATED, EFFECTIVE 10 JAN 02 FOR THE FOLLOWING REASON:

NON-TRANSFERABLE	TRANSFERABLE
<input type="checkbox"/> Adverse action (A)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Elimination - field initiated (B)	<input checked="" type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Removal from selection list - field initiated (C)	
<input type="checkbox"/> Referred OER (D)	
<input type="checkbox"/> Security violation (E)	
<input type="checkbox"/> HQDA use only - elimination or removal from selection list (F)	

SECTION III - TRANSFER A FLAG

11. A FLAG IS TRANSFERRED FOR THE FOLLOWING REASON:

<input type="checkbox"/> Adverse action - HQDA directed reassignment (G)	<input type="checkbox"/> APFT failure (J)
<input type="checkbox"/> Adverse action - punishment phase (H)	<input type="checkbox"/> Weight control program (K)
<input type="checkbox"/> Supporting documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV - REMOVE A FLAG

12. A FLAG IS REMOVED, EFFECTIVE _____ FOR THE FOLLOWING REASON:

<input type="checkbox"/> Case closed favorably (C)	<input type="checkbox"/> Soldier transferred to a different Army component or discharged while case in process <i>(destroy case file)</i> (E)
<input type="checkbox"/> Disciplinary action taken (D)	<input type="checkbox"/> Other final action (E)

SECTION V - AUTHENTICATION

DISTRIBUTION

1 - Unit Commander	1 - F&AO
1 - PSC	1 - Commander, gaining unit <i>(transfer flag only)</i>

NAME, RANK, TITLE, AND ORGANIZATION Commander's Signature Block	SIGNATURE	DATE
--	-----------	------

<LETTERHEAD>

OFFICE SYMBOL

10 Jan 02

MEMORANDUM FOR SSG Doe, John A., SAIG-XX, 1700 Army Pentagon, Washington, DC
20310-1700

SUBJECT: Weight Control Program

1. You have been determined to exceed the body fat standard and a goal of 3-8 pounds of weight loss per month is considered to be satisfactory progress. Failure to make satisfactory progress or achieve the body fat standards could result in separation from the service.
2. You have been flagged under the provisions of AR 600-31 and entered in a Weight Control Program.

COMPANY COMMANDER
CPT, IN
Signature Block

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Commander, HHC, USAG Fort Myer

SUBJECT: Weight Control Program

I understand my responsibilities to achieve the body fat standards to have my weight recorded periodically or during unit training assemblies (UTA) as applicable

Soldier's Signature
SSG, USA

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Servicing MEDDAC Unit

SUBJECT: Weight Control Program

1. SSG Doe, John A. exceeded the weight for height tables by 77 pounds and exceeded the body fat standards by 20 percent.

2. It is requested that a medical evaluation be conducted in view of the following (check applicable block):

- Soldier's profile
- Pregnancy
- Unit Commander's special request
- Initiation of separation action (failure to make satisfactory progress in a Weight Control Program)
- Within 6 months of ETS

UNIT COMMANDER
SIGNATURE BLOCK

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Commander, HHC, USAG Fort Myer

SUBJECT: Weight Control Program

1. In accordance with AR 600-9, SSG Doe, John A., has been examined and found to be fit for participation in a Weight Control/Physical Exercise Program.

2. The cause of the overweight condition (is) (is not) due to a medical condition.

3. The following action(s) is/are recommended:

() Initiation or continuation in a weight reduction program.

() Medical treatment of pathological medical disorder. (for Reserve Component Soldiers, refer to your personal physician for evaluation at their own expense.)

FOR THE COMMANDER:

Health Care Personnel
Signature Block

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Servicing MEDDAC Unit

SUBJECT: Weight Control Program

1. SSG Doe, John A., exceeded the screening table weight by 77 pounds and body fat standards by 20 percent.
2. Nutrition education and weight reduction counseling are requested IAW AR 600-9, para 20b (1).

Unit Commander
CPT, IN
Commanding

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Commander, HHC, USAG Fort Myer

SUBJECT: Weight Control Program

1. SSG Doe, John A., has been provided nutrition and weight reduction counseling IAW AR 600-9.
2. Follow-up counseling should be provided at unit level using information in Appendix C of this regulation and the assistance of master fitness trainers, if available.

Health Care Personnel
Signature Block

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR Commander, Servicing PAC

SUBJECT: Weight Control Program

1. SSG Doe, John A., has been determined to be in compliance with the provisions of AR 600-9, and is therefore removed from the Weight Control Program effective this date.
2. The individual's current weight is 195 pounds. Screening table weight ceiling is 200 pounds for present age category. Body fat content is 12 percent, which is within the AR 600-9 standards.
3. This correspondence will be retained in the individual's MPRJ for 36 months for this date.

UNIT COMMANDER
CPT, IN
Commanding

Non-judicial Punishment Counseling

Purpose: Inform the Soldier that he is being recommended for non-judicial punishment

Frequency: As required

Minimum areas to address:

- Inform the Soldier of the offense committed
- State the facts surrounding the offense
- Inform the Soldier of your intent to recommend the type of punishment you are seeking
- Inform the Soldier of the consequences he may face should the offense continue

Required Action:

- Inform chain of command of recommendations to seek non-judicial punishment

RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ				
For use of this form, see AR 27-10; the proponent agency is TJAG.				
See Notes on Reverse Before Completing Form				
NAME	GRADE	SSN	UNIT	PAY (Basic & Sea/Foreign)
1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: ^{1/}				
2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all (<i>matters of defense</i>) or why punishment should be very light (<i>matters of extenuation and mitigation</i>). I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. ^{2/} If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. ^{3/} In deciding what you want to do you have the right to consult with legal counsel located at _____ . You now have 48 hours to decide what you want to do. ^{4/}				
DATE TIME	NAME, GRADE, AND ORGANIZATION OF COMMANDER		SIGNATURE	
3. Having been afforded the opportunity to consult with counsel, my decisions are as follow: (<i>Initial appropriate blocks, date, and sign</i>)				
a. <input type="checkbox"/> I demand trial by court-martial.				
b. <input type="checkbox"/> I do not demand trial by court-martial and in the Article 15 proceedings:				
(1) I request the hearing be <input type="checkbox"/> Open <input type="checkbox"/> Closed. (2) A person to speak in my behalf <input type="checkbox"/> Is <input type="checkbox"/> Is not requested.				
(3) Matters in defense, mitigation, and/or extenuation: <input type="checkbox"/> Are not presented <input type="checkbox"/> Will be presented in person <input type="checkbox"/> Are attached.				
DATE	NAME AND GRADE OF SERVICE MEMBER		SIGNATURE	
4. In a(n) <input type="checkbox"/> Open <input type="checkbox"/> Closed hearing ^{5/} all matters presented in defense, mitigation, and/or extenuation, having been considered, the following punishment is imposed: ^{6/ 7/}				
5. I direct the original DA Form 2627 be filed in the <input type="checkbox"/> Performance fiche <input type="checkbox"/> Restricted fiche of the OMPF. ^{7/}				
6. You are advised of your right to appeal to the _____ within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.				
DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER		SIGNATURE	
7. (<i>Initial appropriate block, date, and sign</i>)				
a. <input type="checkbox"/> I do not appeal b. <input type="checkbox"/> I appeal and do not submit additional matters ^{8/ 9/} c. <input type="checkbox"/> I appeal and submit additional matters ^{8/ 9/}				
DATE	NAME AND GRADE OF SERVICE MEMBER		SIGNATURE	
8. I have considered the appeal and it is my opinion that:				
DATE	NAME AND GRADE OF JUDGE ADVOCATE		SIGNATURE	
9. After consideration of all matters presented in appeal, the appeal is: <input type="checkbox"/> Denied <input type="checkbox"/> Granted as follows: ^{10/}				
DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER		SIGNATURE	
10. I have seen the action taken on my appeal.		DATE	SIGNATURE OF SERVICE MEMBER	
11. ALLIED DOCUMENTS AND/OR COMMENTS ^{11/ 12/ 13/}				

NOTES

- 1/ Insert a concise statement of each offense in terms stating a specific violation and the Article of the UCMJ (*Part IV, MCM*). If additional space is needed, use item 11 or continuation sheets as described in note 11 below.
- 2/ Inform the member of the maximum punishment which may be imposed under Article 15.
- 3/ Inform the member that if he or she demands trial, trial could be by SCM, SPCM, or GCM. Additionally, inform the member that he or she may object to trial by SCM and that at SPCM or GCM he or she would be entitled to be represented by qualified military counsel, or by civilian counsel at no expense to the government. If the member is attached to or embarked in a vessel, he or she is not permitted to refuse Article 15 punishment. In such cases, all reference to a demand for trial will be lined out and an appropriate remark will be made in item 11 indicating the official name of the vessel and that the member was attached to or embarked in the vessel at the time punishment was imposed.
- 4/ Give the member copy 5 of this form.
- 5/ Offenses determined not to have been committed will be lined out. If the imposing commander decides not to impose any punishment, the member will be notified and all copies of this form destroyed.
- 6/ Amounts of forfeitures of pay will be rounded off to the next lower whole dollar. If a punishment is suspended, the following statement should be added after it: To be automatically remitted if not vacated before *(date)*. If punishment includes a written admonition or reprimand, it will be attached to this form and listed in item 11.
- 7/ The imposing commander will initial the appropriate block. The OMPF performance fiche is routinely used by MOS/specialty career managers and DA selection boards. The OMPF restricted fiche is not given to MOS/specialty career managers or DA selection boards without approval of the Cdr, MILPERCEN or selection board proponent.
- 8/ If the member appeals, this form and all written evidence considered by the imposing commander will be forwarded to the superior authority.
- 9/ Before acting on an appeal, it must be referred to a judge advocate for advice when the punishment, whether or not suspended, includes reduction of one or more pay grades from the fourth or a higher pay grade, or is in excess of one of the following: 7 days arrest in quarters, 7 days correctional custody, 7 days forfeiture of pay, or 14 days of either extra duties or restriction. (*See Article 15e (1) to (7), UCMJ.*)
- 10/ The superior authority will initial the appropriate block. If the appeal is granted, the specific relief granted will be stated according to note 12.
- 11/ In this space indicate the number of pages attached as follows: Allied documents on appeal consist of _____ pages. Allied documents include all written matters considered by the imposing commander submitted by the member on appeal and the commander's rebuttal, if applicable. If additional space is needed for completion of any item (s), use plain bond headed "Continuation Sheet 1", etc.
- 12/ Applicable portions of the following format may be used to record action taken on appeal. Appropriate language should be entered in item 11 or, if necessary, on a continuation sheet. Supplementary actions (*para 3-38, AR 27-10*) will be recorded on DA Form 2627-2.

Suspension, Mitigation, Remission, or Setting Aside

(DATE)

On *(date)*, The punishment(s) of _____, imposed on *(date of punishment)* *(was) (were) (suspended and will be automatically remitted if not vacated before (date)) (mitigated to) (set aside, and all rights, privileges, and property affected restored) (by my order) (by order of) (the officer who imposed the punishment) (the successor in command to the imposing commander) (as superior authority).*

(Typed name, grade, and organization of commander) /s/ _____
- 13/ Racial/ethnic identifiers will be placed in Item 11 (*Chapter 15, AR 27-10*).

SUMMARIZED RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ

For use of this form, see AR 27-10; the proponent agency is TJAG.

See Notes on Reverse Before Completing Form

This form will be used only in cases involving enlisted personnel and then *ONLY* when no punishment *OTHER THAN* oral admonition or reprimand, restriction for 14 days or less, extra duties for 14 days or less, or a combination thereof has been imposed. ^{1/}

NAME	GRADE	SSN	UNIT
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1. On _____, the above service member was advised that I was considering imposition of nonjudicial punishment under the provisions of Article 15, UCMJ, Summarized Proceedings, for the following misconduct: ^{2/}

2. The member was advised that no statement was required, but that any statement made could be used against him or her in the proceeding or in a court-martial. The member was also informed of the right to demand trial by court-martial ^{3/}, the right to present matters in defense, extenuation and/or mitigation, that any matters presented would be considered by me before deciding whether to impose punishment, the type or amount of punishment, if imposed, and that no punishment would be imposed unless I was convinced beyond a reasonable doubt that the service member committed the misconduct. The service member was afforded the opportunity to take 24 hours to make a decision regarding these rights. No demand for trial by court-martial was made. After considering all matters presented, the following punishment was imposed: ^{4/}

3. The member was advised of the right to appeal to the _____ within 5 calendar days, that an appeal made after that time could be rejected as untimely, and that the punishment was effective immediately unless otherwise stated above. The member:

Elected immediately not to appeal Requested time to decide whether to appeal and the decision is indicated in item 4, below. ^{5/ 6/}

DATE	NAME, GRADE, AND ORGANIZATION OF IMPOSING COMMANDER	SIGNATURE
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4. (Initial appropriate block, date, and sign)

a. I do not appeal b. I appeal and do not submit matters for consideration ^{7/} c. I appeal and submit additional matters ^{7/}

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
-------------	---	------------------

5. After consideration of all matters presented in appeal, the appeal is:

Denied Granted as follows: ^{8/}

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
-------------	---	------------------

6. I have seen the action taken on my appeal.	DATE	SIGNATURE OF SERVICE MEMBER
---	-------------	------------------------------------

7. ALLIED DOCUMENTS AND/OR COMMENTS ^{9/10/11/}

NOTES

- 1/ See AR 27-10 for further guidance. Ordinarily entries on this form will be handwritten in ink.
- 2/ Insert a concise statement of each offense in terms stating a specific violation and the Article of the UCMJ. If additional space is needed, use item 7 and/or continuation sheets as described in note 9 below.
- 3/ Inform the member that if he or she demands trial, trial could be by SCM, SPCM, or GCM. Additionally, inform the member that he or she may object to trial by SCM and that at SPCM or GCM he or she would be entitled to be represented by qualified military counsel, or by civilian counsel at no expense to the government. If the member is attached to or embarked in a vessel, he or she is not permitted to refuse Article 15 punishment. In such cases, all reference to a demand for trial will be lined out and an appropriate remark will be made in item 7 indicating the official name of the vessel and that the member was attached to or embarked in the vessel at the time punishment was imposed.
- 4/ Offenses determined not to have been committed will not be listed. If the imposing commander decides not to impose punishment, the member will be notified and no copies of this record will be prepared. If a punishment is suspended, the following statement should be added after it: "To be automatically remitted if not vacated before (date)."
- 5/ If the member immediately elects not to appeal, item 5 will not be completed.
- 6/ The imposing commander will initial the appropriate block.
- 7/ If the individual appeals, this form and all matters set forth in item 7 will be forwarded to the superior authority.
- 8/ The superior authority will initial the appropriate block. Refer to note 10, below.
- 9/ In this space indicate the number of pages as follows: Allied documents on appeal consist of _____ pages. Allied documents include all written matters considered by the imposing commander, submitted by the member on appeal, commander's rebuttal, and copies of supplementary actions taken on the punishment. Supplementary actions will be recorded in accordance with note 10. If additional space is needed for completion of any item(s), use plain bond headed "Continuation Sheet 1," etc.
- 10/ Applicable portions of the following suggested formats may be used to record action taken on an appeal and supplementary actions for summarized Article 15 proceedings. Appropriate language should be entered in item 7 or, if necessary, on continuation sheets.

a. Suspension, Mitigation, Remission, or Setting Aside.

On (date) the punishment(s) of _____
imposed on (date of punishment) (was) (were) (suspended and will be automatically remitted if not vacated before (date)) (mitigated to)
(set aside, and all rights, privileges, and property affected restored) (by my order) (by order of) (the officer who imposed the
punishment) (the successor in command to the imposing commander) (as superior authority).

(Typed name, grade, and organization of commander) /s/ _____

b. Vacation of Suspension

The suspension of the punishment(s) of _____
imposed on (date of punishment) (is) (are) hereby vacated. The unexecuted portion(s) of the punishment(s) will be duly executed.

(Typed name, grade, and organization of commander) /s/ _____

- 11/ Racial/ethnic identifiers will be placed in item 7 (Chap 15, AR 27-10).

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade MSG/E-8	Social Security No. 000-00-0000	Date of Counseling XXMAYXX
Organization HHC 25th ID (L) Schofield Brks. HI 96857		Name and Title of Counselor Big Bob, First Sergeant	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>Violating the commanding General's Policy Letter #6, Prevention of Sexual Harassment, and disobeying a lawful order by a commissioned officer.</p> <p>It has been found that you treated PFC Female in a sexually harassing manner.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>On 16 JAN XX, you failed to comply with the Commanding General's Policy Letter #6.</p> <p>It has been proven through statements that you were not treating PFC Female the same as you were treating her fellow male soldiers.</p> <p>I am recommending you receive a Field Grade Article 15.</p> <p>If it is determined that you committed this offence the amount of your punishment will be up to the commander.</p> <p>You are advised that actions such as yours will not be tolerated.</p> <p>You will be read the charges and given time to seek legal counsel, after which time you will be read the final portion of your Article 15. At that time you will have the opportunity to accept Article 15 proceedings or demand trial by Court Martial. If you accept Article 15 proceedings, you will be given the opportunity to supply witnesses after which time you will be read the final portion of your Article 15. If the commander imposing the Article 15 finds you guilty and imposes punishment, you may appeal it to the next higher authority. Once this is done, you will be counseled again on your responsibilities and the terms of your punishment.</p>			
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.			

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).)*

You will treat all soldiers with equal respect.
You will cease your sexual harassment of female soldiers.

THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY, YOU COULD RECEIVE (INSERT THE LEAST FAVORABLE TYPE OF DISCHARGE THE MEMBER MAY RECEIVE HERE) DISCHARGE AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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: XXMAYXX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*
Recommend MSG Doe receive a Field Grade Article 15.

Signature of Counselor: _____ Date: XXMAYXX

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.

Mental Health Referral Counseling

Purpose: Inform the Soldier they are being referred for a mental health consultation

Frequency: As required

Minimum areas to address:

- Date and time the mental health evaluation is scheduled
- A brief factual description of the behavior and/or verbal expression that caused the commander to determine a mental health evaluation is necessary
- The name or names of the mental health professionals with whom the commanding officer has consulted before making the referral. If such consultation is not possible, the notice shall include reasons why
- The positions and telephone numbers of authorities, including attorneys and the IG, who can assist a Soldier who wishes to question the referral
- The member must be provided with a copy of the rights listed in DoD Directive 6490.1
- The member and counselor will sign the 4856. If the member refuses to sign, the counselor will so state.

Required Action:

- Prepare evaluation memo for commander's signature (see example)
- Inform chain of command regarding Soldier's intent to keep appointment with mental health, or see SJA or the IG
- Seek battalion trial counsel guidance with regard to the paragraph to be included on the 4856 regarding possible chapter action and benefits affected.

<LETTERHEAD>

Office Symbol

10 Jan 02

MEMORANDUM FOR SPC Doe, John A, SAIG-XX, USAIGA, 1700 Army Pentagon, Washington, DC 20310-1700

SUBJECT: Notice of Referral for Mental Health Evaluation

1. You are scheduled for a mental health evaluation at 0900, 3 Feb 02 with MAJ Makebetter.
2. On 1 Feb 02, after arriving for duty late after PT, you were unshaven and expressed a desire "to end it all."
3. A telephone consultation was obtained from MAJ Makebetter on 2 Feb 02.
4. You are invited to call Legal Assistance, 695-XXXX, or the Inspector General, 695-XXXX for consultation of this matter.
5. A copy of your rights is attached to this notice.
6. Your signature attests to having received this notice. (If the member refuses to sign, so indicate on the notice.)

Encl
As

COMPANY COMMANDER
CPT, IN
Commanding

JOHN A. DOE
SPC, USA

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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
Doe, John D.	PVT/E-1	000-00-0000	XXMAYXX
Organization		Name and Title of Counselor	
HHC 25th ID (L) Schofield Brks. HI 96857		Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p><i>Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>Unusual behavior. Today 1SG Hardcore observed that you were late coming back from PT, your uniform was a mess (rank and buttons missing, boots unclean), you were unshaven, and you verbally expressed a desire "to end it all." You then told the 1SG you had broken up with your girlfriend, got stopped off post for a DUI, had "no hope of ever being a PV2" and the PX stopped your check writing privileges for three bounced checks. You have in the past been counseled on all these matters.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>1SG Hardcore and I are concerned about your well-being. You have been a good soldier and apparently need some help to get things back on the right track. Per DOD Directive 6490-1, I have scheduled an appointment for a mental health evaluation for tomorrow, XXMAYXX at 1000 hrs. I have discussed your situation with MAJ Makeitbetter at CMH and prepared a written notice of referral for you to take with you should you decide to keep the appointment (enclosure).</p>			
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.			

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).)*

Attend appointment at mental health or discuss options with SJA Legal Assistance at 7-XXXX or the IG at 7-XXXX.

Review rights contained in DOD Directive 6490-1 (enclosure).

Inform chain of command regarding intent to keep appointment, discuss the matter with SJA, or the IG.

IN THIS INSTANCE, THE MANDATORY PARAGRAPH REGARDING CONSEQUENCES OF A LESS THAN HONORABLE DISCHARGE SHOULD SEPARATION ACTION BE SOUGHT SHOULD BE WRITTEN AFTER CONSULT WITH BATTALION TRIAL COUNSEL.

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: XXMAYXX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Track soldiers behavior.

Inform higher of soldier's intent to keep appointment, seek SJA counsel, or discuss matter with IG.

Signature of Counselor: _____ Date: XXMAYXX

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.

Family Financial Support Counseling

Purpose: Notify Soldier of what he/she is in violation and notify Soldier of their legal obligation to provide financial support.

Frequency: As required

Minimum areas to address:

- Explain to the Soldier what the violation is
- Notify Soldier of his/her obligation under the law to provide financial support
- Notify Soldier of actions required to comply with AR 608-99
- Refer to Soldier to an attorney or legal assistance and finance for advice
- Notify Soldier of type of action, if any, to be taken against him/her based on any past or continuing violations of the applicable laws in the past
- Soldier and counselor must sign the 4856

Required Actions:

- Soldier should be referred to an attorney for legal guidance
- Monitor Soldier's compliance with the law as it pertains to his/her situation

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SGT/E-5	Social Security No. 000-00-0000	Date of Counseling XX MAY XX
Organization HHC 25th ID Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> SGT Doe's spouse indicated that he has failed to provide her with any type of financial support.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: On XX MAY XX your spouse indicated that you have failed to provide her with any type of financial support. This constitutes failure to provide a spouse with the minimum financial support IAW AR 608-99, which is the amount of your BAQ with dependents. You may not violate the provisions of AR 608-99 and may be charged with a violation of Article 92, UCMJ. I expect you to comply with the regulation and meet your family financial obligations.			
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.			

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).)*

Unless otherwise required by court order or by a written financial support agreement, a financial support payment will be made in one of the following ways: cash, check, money order, electronic fund transfer, voluntary allotment, or garnishment.

THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER THE PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE (INSERT THE LEAST FAVORABLE TYPE OF DISCHARGE MEMBER MAY RECEIVE HERE) AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*
Refer NCO to an attorney for legal assistance.

Signature of Counselor: _____ Date: XX MAY XX

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.

Chapter Counseling

Purpose: Inform Soldier of deficiencies prior to initiating action.

Frequency: Required once prior to initiating chapter action; additional formal counseling is discretionary. Such factors as the length of time since the prior counseling, the Soldier's conduct and performance during that period, and the commander's assessment of Soldier's potential for becoming a fully satisfactory Soldier, should be considered in determining whether further counseling is necessary.

Minimum areas to address:

- Notify the Soldier of the reason for counseling
- Notify Soldier that separation action may be initiated if the behavior continues
- Notify Soldier of type of discharge that could result from the possible separation action and the effect of each type
- Notify Soldier of what behavior is expected of him/her in the future
- Soldier and counselor must sign the 4856

Required Actions:

- Ensure chain of command is aware of counselor's actions

CHAPTER TYPES

Chapter 5-3, Secretarial Plenary Authority

Chapter 5-8, Involuntary Separation Due to Parenthood

Chapter 5-13, Personality Disorder

Chapter 5-17, Early Separation to Further Education

Chapter 5-18, Other Designated Physical/Mental Condition

Chapter 6-3 a&b, Dependency/Hardship

Chapter 6-3 b(1), Parenthood of Married Soldier

Chapter 8, Separation of Enlisted Woman-Pregnancy

Chapter 9, Alcohol or Other Durg Abuse Rehabilitation Failure

Chapter 11, Entry Level Performance and Conduct

Chapter13, Unsatisfactory Performance

Chapter 14-12 a&b, Minor Disciplinary Infractions/ Patterns of Misconduct

Chapter 14-12 c, Commission of Serious Offense

Chapter 14-15, Civil Conviction

Chapter 15, Discharge for Homosexual Conduct

Chapter 16-2, Discharge for Acceptance into Program Leading to a Commission or Warrant Officer

Chapter 16-5, Voluntary Separation of Soldier Denied Reenlistment

Chapter 18, Failure to Meet Body Fat Standards

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling XXMAYXX
Organization HHC 25th ID Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)			
Chapter Counseling:			
Chapter counseling may consist of any area(s) IAW AR 635-200, Enlisted Separations. This is only an example and suggestion/recommendation on how a counseling statement may be written. The individual recommending the chapter will have more evidence to present his/her case before the commanding officer.			
XX APR XX Failure of the Army Physical Fitness Test (APFT)			
XX JUL XX Second failure of the APFT within 90 days. AR 350-41 requires a minimum of 180 pts (60 pts per event)			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: SPC Doe, you are being counseled for unsatisfactory performance (2nd APFT failure). You were given ample notification (o/a XX MAR XX) that this unit was conducting a biannual record APFT on XX APR XX when you failed to achieve a passing score of 180 pts IAW AR 350-41. You were counseled and flagged on XX APR XX for unsatisfactory performance (APFT failure) and were informed that your second APFT would be administered o/a XX JUL XX (90 days recovery period). After the first APFT failure (XX APR XX) you were placed in the unit's special fitness program to correct your shortcomings. SPC Doe, through your monthly counseling, you were informed that it was your responsibility to stay physically fit, but as your section leader i worked with you to improve your physical fitness level. On both occasions mentioned above you were not on any know medical profiles or medications, which may have been the cause/reason for your failures.			
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).)*

YOU MAY BE PROCESSED FOR ELIMINATION UNDER CHAPTER 13 FROM THE ARMY UNDER THE PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE A GENERAL DISCHARGE UNDER HONORABLE CONDITIONS AND YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Recommended Chapter 13.
Continue to attempt to improve the soldier's fitness level.

Signature of Counselor: _____ Date: XX MAY XX

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.

Bar to Re-enlistment Counseling

Purpose: Inform the Soldier that a Bar to Re-enlistment is being considered/initiated and the consequences of a bar

Frequency: When the bar is being considered and when it is initiated

Minimum areas to address:

- The background information leading to the bar being considered/initiated
- What the Soldier may do to affect the bar's being lifted

Required actions:

- The counselor should familiarize him/herself with the provisions of AR 601-280, Army Retention Program, dated 31 Mar 99, and AR 600-8-2, Suspension of Favorable Actions, dated 30 Oct 87 to check if a flag is appropriate. If so, complete a DA Form 268 to commander's signature
- In the event the bar is being initiated (vice recommended), complete DA Form 4126-6, Bar to Re-enlistment Certificate, for the commander's signature

BAR TO REENLISTMENT CERTIFICATE For use of this form, see AR 601-280; the proponent agency is ODCSPER		1. DATE
2. THRU <i>(Include ZIP Code)</i>	3. TO <i>(Include ZIP Code)</i>	4. FROM <i>(Include ZIP Code)</i>
SECTION I - COMMANDER'S RECOMMENDATION		
Under the provisions of Chapter 8, AR 601-280, I recommend the soldier named below be barred from reenlistment in the United States Army for reasons indicated in Item(s) 11 through 14 as may be applicable. Prior to submission of this recommendation, the soldier was counseled by the undersigned about his undesirable traits which are the basis for this action. The soldier has been counseled and advised of the adverse consequences that may ensue from this or similar action.		
5. NAME <i>(Last, First, Middle)</i>		6. SSN
		7. RANK
8. ETS	9. DEROS	10. TOTAL ACTIVE SERVICE COMPUTED FROM BASD TO DATE OF BAR INITIATION _____ YEARS _____ MONTHS _____ DAYS
11. RECORD OF COURT MARTIAL CONVICTIONS <i>(Indicate date adjudicated and approved, type, offense, sentence)</i>		
12. RECORD OF NON-JUDICIAL PUNISHMENT <i>(Article 15)(Indicate date, specific offense, sentence and article)</i>		
13. RECORD OF NON-PAYMENT OF JUST DEBTS <i>(Indicate dates of letters of indebtedness, counseling, and results)</i>		
14. OTHER FACTUAL AND RELEVANT INDICATORS OF UNTRAINABILITY OR UNSUITABILITY		
15. TYPED NAME, RANK AND BRANCH OF COMMANDER		16. SIGNATURE

SECTION II - SOLDIER'S REVIEW <i>(Check and initial as appropriate)</i>		
<input type="checkbox"/>	_____ 1.	I have been furnished a copy of my Commander's recommendation (<i>Sec 1</i>) to bar me from further reenlistment.
<input type="checkbox"/>	_____ 2.	I have been counseled and advised of the basis for this action.
<input type="checkbox"/>	_____ 3.	I <input type="checkbox"/> do <input type="checkbox"/> do not desire to submit a statement in my own behalf. <i>(If applicable, make statement - use continuation sheet if required.)</i>
<input type="checkbox"/>	4. See attached continuation statement <i>(if applicable)</i>	
5. TYPED NAME AND RANK OF SOLDIER		6. SSN
7. SIGNATURE		8. DATE
SECTION III - BATTALION OR NEXT HIGHER COMMAND		
1. TO <i>(Include ZIP Code)</i>	2. FROM <i>(Include ZIP Code)</i>	
3. I have reviewed Sections I and II and		
<input type="checkbox"/> a. Recommend the soldier be barred from reenlistment.		
<input type="checkbox"/> b. The bar certificate is disapproved.		
<input type="checkbox"/> c. The bar certificate is approved. The unit commander will officially counsel the soldier in writing on the implications of this action and the soldier's right to appeal. After counseling, one copy will be provided to the soldier and the original will be forwarded to the servicing PSB for posting filing in the soldier's MPRJ.		
4. TYPED NAME AND RANK OF COMMANDER		5. SSN
6. SIGNATURE		7. DATE
SECTION IV - COUNSELING		
1. The Bar to Reenlistment initiated against you was approved on _____.		
2. You have the right to appeal the imposition of the Bar to Reenlistment. If you elect to appeal you must submit the appeal within 7 days from today.		
3. Check and initial the appropriate block to indicate your option:		
<input type="checkbox"/> _____ a. I will appeal the Bar to Reenlistment. <input type="checkbox"/> _____ b. I will not appeal the Bar to Reenlistment.		
4. TYPED NAME AND RANK OF SOLDIER	5. SIGNATURE OF SOLDIER	6. DATE
7. TYPED NAME AND RANK OF COMMANDER	8. SIGNATURE OF COMMANDER	9. DATE

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade PFC/E-3	Social Security No. 000-00-0000	Date of Counseling XX MAY XX
Organization HHC 25th ID Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> Bar to Reenlistment Counseling</p> <p>There are several circumstances/incidents IAW AR 601-280 that require a soldier to be barred. Listed below is only a suggested/recommended format. The individual initiating the bar should familiarize him/herself with AR 601-280, Army Retention Program, dtd XX MAR XX, and utilize all necessary information relating to individual soldier.</p> <p>Date and circumstance(s): XX APR XX Consecutive Failure of the Army Physical Fitness Test (APFT)</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion: On XX APR XX PFC Doe, you were administered a second record APFT and you again failed to achieve a passing score of 180 pts (60 pts per event-situps, push-ups, and 2-mile run) within the authorized time limits IAW FM 21-20 and AR 350-41. You were given notification of the upcoming record APFT o/a XX MAR XX. In your monthly performance counseling statements you were informed that physical fitness is an individual responsibility and can have a great impact on your military career (i.e., promotions, extensions, etc.), especially as the Army continues to draw down. I also informed you that if you needed more time to train (get in shape) I would place you in the company's special physical fitness program and you stated that you would pass the APFT with no problems. PFC Doe, to my knowledge you are/were not on any know medical profile/medications; therefore, your performance was unsatisfactory.</p> <p>THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER THE PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE A GENERAL DISCHARGE UNDER HONORABLE CONDITIONS AND YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS GRANTED UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.</p>			
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.			

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).)*

PFC Doe will participate in the company's special physical fitness program.

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: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Place PFC Doe in the company's special physical fitness unit.

IAW AR 600-8-2 and AR 350-41, recommend that PFC Doe be barred from reenlistment immediately.

Signature of Counselor: _____ Date: XX MAY XX

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.

Alcohol and Drug Prevention and Control (ADAPCP) Counseling

Purpose: Inform the Soldier of the reason he/she is being referred for ADAPCP enrollment.

Frequency: As required

Minimum areas to address:

- Explain to the Soldier that he is being enrolled in ADAPCP and the specific behavior, which caused the Soldier to be enrolled
- Explain the adverse effect the Soldier's behavior is having on the unit, specially discussing job performance, interpersonal relationships, physical fitness, health, etc.
- Discuss the positive aspects of being enrolled in ADAPCP (stereotyping from subordinates, ridicule from peers, time away from your job causing your First Sergeant to have ass with you, etc.).

Required Actions:

- Notify chain of command of referral recommendation
- Ensure Soldier keeps appointments if commander approves referral

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling XX MAY XX
Organization HHC 25th ID (L) Schofield Brks. HI 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> ADAPCP Counseling			
Date and circumstances: XX APR XX ADAPCP enrollment SPC Doe was stopped on XX APR XX at 2300 hrs by MPs while driving on post and cited with DWI. His BAC was .30.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: Alcohol abuse or excessive use is incompatible with military service and will not be condoned in this command. Since your performance and military conduct have otherwise been outstanding, I believe you remain a valuable asset and warrant retention in the U.S. Army. IAW AR 600-85, I am affording you the opportunity for rehabilitation in the Fort Lewis Alcohol, Drug, and Prevention Counseling Program (ADAPCP). This program will afford you an opportunity to focus your attention on the adverse effects and consequences of alcohol abuse. IAW AR 600-85, the Limited Use Policy restricts use of this or previous information regarding your alcohol use to be used against you in UCMJ actions or characterization of service in separation proceedings unless the information is introduced by you.			
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.			

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).)*

Make sure appointment at 0930 hrs with ADAPCP XX APR XX.

THIS COUNSELING IS AN ATTEMPT TO CORRECT THE PROBLEM(S) DISCUSSED AND IS AN ATTEMPT TO REHABILITATE YOU AS A SOLDIER. YOU SHOULD UNDERSTAND THAT IF YOU ENGAGE IN FURTHER MISCONDUCT OR YOUR DUTY PERFORMANCE CONTINUES TO BE UNSATISFACTORY, YOU MAY BE PROCESSED FOR ELIMINATION FROM THE ARMY UNDER THE PROVISIONS OF AR 635-200. IF ADMINISTRATIVELY SEPARATED FROM THE ARMY, YOU COULD RECEIVE (INSERT THE LEAST FAVORABLE TYPE OF DISCHARGE MEMBER MAY RECEIVE HERE) AND IF SO YOU SHOULD EXPECT TO ENCOUNTER SUBSTANTIAL PREJUDICE IN CIVILIAN LIFE. IN ADDITION, YOU MAY BE INELIGIBLE FOR MANY OR ALL VETERAN'S BENEFITS UNDER BOTH FEDERAL AND STATE LAW. YOU MAY ALSO BE SUBJECT TO OTHER PUNITIVE AND NON-PUNITIVE MEASURES.

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: XX APR XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Ensure SPC Doe goes to his 0930 appointment at ADAPCP.

Signature of Counselor: _____ Date: XX APR XX

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.

Separation Counseling

Purpose: Inform the Soldier that he/she is being separated from the Army and the requisite articles and provisions under which the Soldier is being processed.

Frequency: Upon initiation of separation; follow-on counseling is discretionary upon further adverse behavior

Minimum areas to address:

- Discuss the offenses leading to the decision to separate the Soldier, including the dates of the offenses
- Explain to the Soldier the least favorable discharge he/she may receive as a result of the separation, and some possible benefits they may lose

Required Actions:

- Initiate separation action at company level, ensure chain of command is aware of intent to separate Soldier
- Ensure commander has completed the 4856 under "Assessment of the Plan of Action" and signed stating whether or not he agrees with the separation initiation
- Monitor Soldier's behavior during separation proceedings and initiate further counseling/UCMJ as required

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade PFC/E-3	Social Security No. 000-00-0000	Date of Counseling XX MAY XX
Organization HHC 25th ID (L) Schofield Brks. 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i></p> <p>BE SURE TO USE DATE OF OCCURRENCE.</p> <p>Your performance is unsatisfactory due to the conditions noted in Part III.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>FTR from formations or duty section on (date)</p> <p>Failure to pass PT test</p> <p>Disobedience to orders</p> <p>Failure to follow instructions</p> <p>Personal appearance-not having haircut, personal hygiene is poor, not shaving, attention to uniform</p> <p>Poor duty performance errors that are repeated-no attempts made to improve</p> <p>Negative attitude and disregard for military discipline and order</p> <p>Overweight in conjunction with other unsatisfactory performance</p> <p>You have been previously counseled about the above and you continued to have unsatisfactory performance and are not developing into a satisfactory soldier. If your behavior continues you will be considered for separation UP Chapter 13, AR 635-200.</p> <p>The least favorable type of discharge you can receive is a General Discharge. This can be prejudicial to your chances of employment in the civilian community. It makes you ineligible to come back into the Army for two years and a waiver of Chapter 13 would have to be approved to allow you to reenlist.</p> <p>If you do not have two years of continuous active duty, you are not eligible for VA or federal benefits. If you have not completed 90% of your contractual agreement with the Army travel pay home is limited to most economical means.</p> <p>If you receive an enlistment/reenlistment bonus, unearned portions of the bonus must be recouped.</p>			
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.			

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).)*

Soldier will participate in the company's special physical fitness unit, obey the orders of those appointed over him, show immediate improvement in his personal appearance, and enhance his military bearing.

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:

SOLDIER MAY MAKE A STATEMENT ON HIS OWN BEHALF

Signature of Individual Counseled: _____ Date: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Provided assistance to the soldier with problems. Personally worked with him and had members of his section work with him on his deficiencies so that he can make an effort to overcome them. (Document here what is done to help the soldier.)

Signature of Counselor: _____ Date: XX MAY XX

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.)*

Failed to complete division run (date), FTR (date). You are making no progress in overcoming your deficiencies, therefore this matter has been turned over to me for evaluation. I have carefully reviewed all the factors in your case. You have been counseled about your unsatisfactory performance and been given the opportunity to correct your problems. You are resisting all efforts to assist you. I have determined that you are not developing into a satisfactory soldier, or

I have carefully reviewed your performance of duty over the last several months. I have determined that your retention would have an adverse impact on military discipline, good order and morale and you are likely to continue to be a disruptive influence and your potential for advancement or leadership is unlikely.

Therefore, I am initiating action UP AR 635-200 to separate you for unsatisfactory performance.

Counselor: UNIT COMMANDER Individual Counseled: SOLDIER Date of Assessment: _____

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

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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) Doe, John D.	Rank/Grade SPC/E-4	Social Security No. 000-00-0000	Date of Counseling XX MAY XX
Organization HHC 25th ID (L) Schofield HI. 96857		Name and Title of Counselor Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> On (date) you were noted to be in use/possession of (drug). First time drug abuse offence E-1 to E-4.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: You are being counseled about the the drug abuse offence you have committed. Abuse of illegal drugs is serious misconduct and you are being warned that should a second drug abuse offence occur, paragraph 14-12c, AR 635-200 mandates that I must initiate separation action. There is no place in the Army for illegal drugs. Chapter 14, AR 635-200 states that normally an Under Other Than Honorable discharge is warranted. If this is the least favorable type of discharge you can receive, it will result in the loss of many benefits: reduction to E-1, loss of all accrued leave; limited Federal benefits after discharge and VA benefits to be determined by the VA. If you do not have two years of continuous active duty you will receive no VA or Federal benefits. If you do not complete 90% of your contractual agreement with the Army, you will receive travel pay home by the most economical manner. This type of discharge can affect your changes of employment in the civilian community. If you receive an enlistment/reenlistment bonus, unearned portions of the bonus will be recouped.			
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.			

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).)*

The soldier will be accompanied to ADAD for an initial screen. He will cease all drug use immediately and take advantage of this opportunity for rehabilitation.

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:

SOLDIER MAY MAKE A STATEMENT

Signature of Individual Counseled: _____ Date: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*
Ensure soldier goes to ADAD for initial screen.

Signature of Counselor: _____ Date: XX MAY XX

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.)*

(Additional offenses after initial counseling listed here.)

Based on your second drug offense, this actions has been reported to me for mandated separation action. Based on your duty performance, separation action has been initiated UP paragraph 14-12c (2), AR 635-200.

Counselor: UNIT COMMANDER Individual Counseled: _____ Date of Assessment: _____

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

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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
Doe, John D.		000-00-0000	XX MAY XX
Organization		Name and Title of Counselor	
HHC 25th ID (L) Schofield Brks. HI 96857		Billy Bob, Section Leader	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)			
(Give date offense(s) occurred):			
You have shown a pattern of misconduct consisting of discreditable involvement with civilian and / or military authorities: Willful damage to government property, theft of government property, AWOL, flagrant disregard to orders-repeated disobedience and disrespect, underage consumption of alcohol, using checks against insufficient funds to military or civilian concerns, indebtedness-failure to pay debts, larceny, one DUI, child or spouse abuse, one alcohol or drug related offense when action is not mandated for separation, but can be combined with other misconduct to make a pattern of misconduct.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion:			
I am counseling you that should the behavior above continue, you will be considered for separation UP paragraph 14-12b, AR 635-200. Your conduct is prejudicial to good order and discipline and is violative of accepted standards of personal conduct found in the UCMJ, Army regulations, civil law and time honored customs and traditions of the Army.			
Your actions constitute serious misconduct. The least favorable type of separation you can receive is an Under Other Than Honorable discharge. You would lose all accrued leave and be reduced to E-1 upon separation. Your ability to obtain decent employment in the civilian community would be extremely limited.			
If you do not have two years of continuous active duty, you will receive no VA or Federal benefits, regardless of what kind of discharge you receive. If you have over two years of service, VA benefits will be determined by the VA if you get a BOTH discharge. Federal benefits are limited. If you have not completed 90% of your contractual agreement with the Army, travel pay home is limited to the most economical means.			
If you receive an enlistment/reenlistment bonus, unearned portions of the bonus will be recouped.			
Continued misconduct will result in your case being turned over to the Unit Commander for his evaluation on separation action.			
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).)*

(List what assistance is provided to help the soldier overcome his deficiencies: Drugs or alcohol refer to ADAD, bad checks refer to ACS for budget counseling, family problems contact ACS for agency which can best provide help.)

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:

SOLDIER IS AFFORDED THE OPPORTUNITY TO MAKE A STATEMENT ON OWN BEHALF

Signature of Individual Counseled: _____ Date: XX MAY XX

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

List what agencies you've referred the soldier to in order to overcome his deficiencies.

Signature of Counselor: _____ Date: XX MAY XX

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.)*

(Continued misconduct can be documented here. Show the soldier is resisting rehabilitation.) Due to your continued misconduct, your case has been turned over to me for evaluation on separation action. After review of your case i have determined:

A: Your further duty would create serious disciplinary problems or a hazard to military mission.

B: Your further duty is inappropriate because you are resisting all attempts at rehabilitation.

C: Your further duty would not be in the best interests of the Army and you will not develop into a satisfactory soldier.

Counselor: COMMANDER SIGNS Individual Counseled: _____ Date of Assessment: _____

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

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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
DOE, JOHN A.	SPC/E4	333-33-3333	14 JAN 02
Organization		Name and Title of Counselor	
HHC, 25TH ID(L), SCHOFIELD BARRACKS, HI 96857			
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i>			
BE SURE TO DATE EACH OCCURRENCE:			
Your misconduct, minor disciplinary infractions with the military, as follows:			
Willful damage to government property, AWOL, flagrant disregard to orders - repeated disobedience, underage consumption of alcohol, writing checks against insufficient funds to military business, such as PX, commissary, etc., one DUI, one alcohol or drug related offense when action is not mandated for separation, but can be combined with other minor disciplinary infractions.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion:			
I am counseling you that should the behavior described above continue you will be considered for separation UP paragraph 14-12a, AR 635-200.			
Your actions constitute serious misconduct. The least favorable type of separation you can receive is an Other Than Honorable Conditions discharge. You would lose all accrued leave, upon approval of separation you would be reduced to the grade of E1. Your ability to obtain a decent job in the civilian community would be extremely limited.			
If you do not have two years of continuous active duty, you will receive no VA of Federal Benefits. If you have over two years of service, VA benefits will be determined by the VA. Federal benefits are limited. If you have not completed 90% of your contractual agreement with the Army, travel pay home will be of the most economical means.			
If you received an enlistment/reenlistment bonus, unearned portions of the bonus must be recouped.			
Inform soldier that if misconduct continues, and separation action is warranted, that his case will be turned over to the Unit Commander for his evaluation and consideration of separation action.			
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.			

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).)*

Advise the soldier of what actions he can take to rehabilitate himself. Refer him to appropriate agencies for assistance. ACS Budget Counseling for Financial assistance, ADAD for alcohol and drug problems.

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:

SOLDIER IS AFFORDED THE OPPORTUNITY TO MAKE A STATEMENT

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

List what you have done to help the soldier and to what agencies you have referred him

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.)*

I have carefully reviewed your conduct over the past several months. Your misconduct (minor disciplinary infractions) has continued regardless of the assistance you have offered. You are resisting all attempts at rehabilitation. I am initiating action to separate you for misconduct UP paragraph 14-12a, AR 635-200.

Counselor: UNIT COMMANDER Individual Counseled: _____ Date of Assessment: _____

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

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see FM 22-100; 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 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 <i>(Last, First, MI)</i> SOLDIER' NAME	Rank/Grade	Social Security No.	Date of Counseling
Organization HHC, 25TH I(L)		Name and Title of Counselor COMPANY COMMANDER	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> Current suicide attempt on (date)			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: A psychiatric reveals that you have a severe personality disorder that interferes with your ability to properly perform your duties. Based on your suicide attempt, I am initiating action UP paragraph 5-13, AR 635-200 for personality disorder and will request rehabilitation be waived, I have determined that further duty could create a hazard to your self. UP paragraph 5-13, AR 635-200, the least favorable type of sicharge you can receive is an Honorable. If you do not have two years of continuous active duty you will receive no VA of Federal benefits and if you have not completed 90% of your contractual service to the Army, you will be limited to travel pay home by most economical means. If you received an enlistment/reenlistment bonus, any unearned pertions of the bonus will be recouped. If someone other than the unit commander does the initial counseling, a statement here would be made to hte effect that action is being turned in to the unit commander for his evaluation and determination of separation would be in the best interest of the Army and the service member.			
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.			

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).)*

Initiating separation action IAW AR 635-200 for personality disorder.
(If soldier shows any signs that rehabilitation may be effective, a period of time may be allowed for rehabilitation. However, if there is no sign of any hope for rehabilitation, it may be waived by approving authority IAW paragraph 1-18d, AR 635-200.)

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:

SODLIER MAY MAKE A STATEMENT ON HIS OWN BEHALF

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.)*

Based on your attempt suicide and your attitude and the evaluation of the Psuchiatrist, you have severe personality disorder. I do not believe that an attempt at rehabilitation would be successful. I am initiating action to separate you UP paragraph 5-13, AR 635-200 for personality disorder and will request that further rehabilitation be waived.

Counselor: Unit Commander Individual Counseled: _____ Date of Assessment: _____

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

DEVELOPMENTAL COUNSELING FORM			
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DATA REQUIRED BY THE PRIVACY ACT OF 1974			
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DISCLOSURE:	Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI) SOLDIER'S NAME	Rank/Grade	Social Security No.	Date of Counseling
Organization HHC, 25TH ID(L), SCHOFIELD BARRACKS, HI 96857		Name and Title of Counselor	
PART II - BACKGROUND INFORMATION			
Purpose of Counseling: <i>(Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)</i> Your recent behavior, indicated by your periods of depression and mood swings, is interfering with your ability to properly perform your duties.			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
Key Points of Discussion: I am referring you to Mental Hygiene Clinic for a Psychiatric Evaluation based on your recent behavior. Should the psychiatric evaluation determine that you have a severe personality disorder which prevents you from performing your duties, I will consider separating you from the Army UP paragraph 5-13, AR 635-200 for a Personality Disorder and request further rehabilitation be waived. The least favorable type of discharge you can receive is a Honorable Discharge. If you do not have two years of continuous active duty you will receive no VA Federal benefits. Your travel pay home will be limited to the most economical means if you have not completed 90% of your contractual agreement with the Army. If you received an enlistment/ reenlistment bonus, any unearned portions of the bonus will be recouped.			
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.			

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).)*

Refer soldier to Mental Hygiene Clinic for a Psychiatric Evaluation.

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:

SOLDIER MAY MAKE A STATEMENT

Signature of Individual Counseled: _____ SOLDIER SIGNS _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Refer soldier to Mental Hygiene Clinic for a Psychiatric Evaluation.

Signature of Counselor: _____ UNIT COMMANDER SIGNS _____ 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.)*

Results of referral to the mental Hygiene Clinic and evaluation by a Psychiatrist.

The psychiatric Evaluation indicates that you have a severe personality disorder and your behavior has not changed. You are creating serious disciplinary problems, resisting all our attempts to help you with your problems and you are not developing into quality soldier.

I have determined that separation action will be initiated on you UP paragraph 5-13, AR 635-200 based on the Psychiatric Evaluation and your failure to make any attempt to rehabilitate yourself, I will request waiver of rehabilitation.

Counselor: _____ Unit Commander _____ Individual Counseled: _____ Date of Assessment: _____

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

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