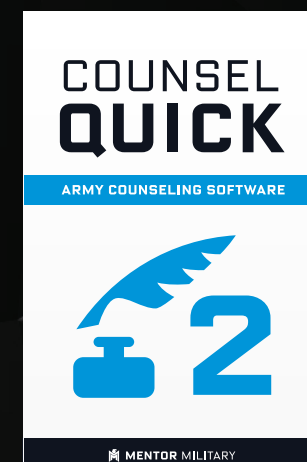


This counseling sample is taken from...

COUNSEL QUICK

VOLUME 2



ARMY COUNSELING MADE EASY

FREE SAMPLES FROM MENTOR MILITARY

Underage Drinking
Outstanding Performance
Loss of personal ID tags
Safety Briefing
Diagnostic APFT Failure

MENTOR MILITARY

DEVELOPMENTAL COUNSELING FORM	
For use of this form, see FM 6-22; the proponent agency is TRADOC.	
DATA REQUIRED BY THE PRIVACY ACT OF 1974	
AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.	
PRINCIPAL PURPOSE: Facilitate leadership in conducting and recording counseling conversations with subordinates.	
ROUTINE USES: The Counseling Routine Uses set forth at the beginning of the Army's communication or systems or records notices also apply to this system.	
DISCLOSURE: Disclosure is voluntary.	
PART I - ADMINISTRATIVE DATA	
Name (Last, First, MI)	Rank/Grade Date of Counseling
Organization	Name and Title of Counselor
PART II - BACKGROUND INFORMATION	
Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)	
Event Oriented: Outstanding Performance	
To recognize exceptional performance with regard to {INSERT SPECIFICS}.	
PART III - SUMMARY OF COUNSELING	
Complete this section during or immediately subsequent to counseling.	
Key Points of Discussion:	
Your recent performance during {INSERT EVENT} was exceptional and merits recognition.	
{INSERT DESCRIPTION OF ACTIVITIES, EXAMPLE: During the recent inspection conducted by the Brigade Commander our unit was recognized for outstanding performance. Your professional demeanor resulted in our squad being recognized as the best in the unit for maintenance operations, in-ranks inspection, and barracks inspection. I attribute this success to your take-charge attitude. As an E-4 you stepped up to the plate and developed a plan of action that ensured success and you did it in a manner that motivated your peers.} You displayed leadership and maturity exceeding that expected of a Specialist.	
I applaud the extra effort you have selflessly put forth and expect you to continue your superior performance. In addition, I am recommending that you be awarded {CHOOSE: COIN/COA/LETTER OF ACHIEVEMENT/AWARD/PASS/ETC.} for your outstanding performance. Great job! Keep up the good work!	
OTHER INSTRUCTIONS	
This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.	

DA FORM 4856, AUG 2010

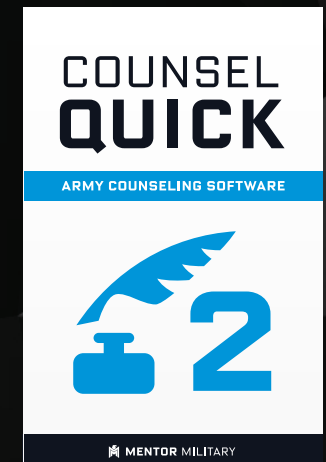
PREVIOUS EDITIONS ARE OBSOLETE.

APD PE v1.00ES

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Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The 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))

Continue to take initiative and maintain your exceptional performance.

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: agree disagree with the information above.
Individual counseled remarks:

**ALL CONTENT
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PROTECTED BY LAW & YOUR INTEGRITY**

Signature of Individual Counseled: _____ Date: _____

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

- Ensure exceptional performance is annotated in performance counseling as appropriate.
- Continue to challenge Soldier to grow professionally.

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.)

Soldier was recognized by {INSERT PERSON} and presented with {INSERT RECOGNITION}

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

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