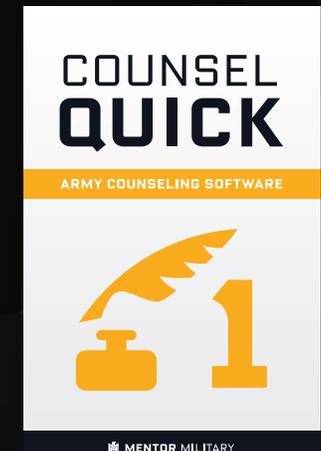


This counseling sample is taken from...

COUNSEL QUICK

VOLUME 1



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: Assist leaders in conducting and recording counseling and training to subordinates.	
ROUTINE USES: The following Routine Uses set forth at the beginning of the Army's communications 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: Safety Briefing	
To:	
<ul style="list-style-type: none">• Encourage safety awareness• Establish procedures for notifying the chain of command in the event of an accident• Ensure proper planning of travel time	
PART III - SUMMARY OF COUNSELING	
Complete this section during or immediately subsequent to counseling.	
Key Points of Discussion:	
Are you planning extended travel outside a {INSERT MILES} radius from the local area? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have an extended travel pass? N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Note: you are not authorized to leave the local area until the DA Form 31 is completed.</i>	
Each Soldier is required to be safety-aware and implement the following procedures as applicable. Initial each to indicate your understanding:	
<input type="checkbox"/> If you consume alcohol, do so in moderation	
<input type="checkbox"/> Use caution if you are going to mix alcohol and sporting events	
<input type="checkbox"/> Do not operate a motor vehicle or other machinery after you have consumed alcoholic beverages or taken medication	
<input type="checkbox"/> If you need a ride you will use your leader card or contact me at {INSERT PHONE #} for a ride	
<input type="checkbox"/> Only swim in approved areas with a lifeguard present	
<input type="checkbox"/> Do not attempt to travel a long distance or a distance beyond your physical capabilities	
<input type="checkbox"/> Ensure that you plan for adequate rest and eating while traveling	
<input type="checkbox"/> Allow enough time for bad weather, heavy traffic, and other delays	
<input type="checkbox"/> Ensure that you have adequate financial resources to return to your place of duty	
<input type="checkbox"/> Avoid domestic disturbances, if this issue should arise defuse it quickly or leave the area immediately	
<input type="checkbox"/> Avoid establishments that create an environment for trouble	
<input type="checkbox"/> Do not attempt to participate in activities that are clearly outside of your physical/mental capabilities or state of mind if affected by alcohol or medication.	
<input type="checkbox"/> I will not allow other Soldiers to operate vehicles or endanger themselves if I believe them to be impaired. If I am unable to resolve this situation myself I will inform my chain of command immediately.	
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

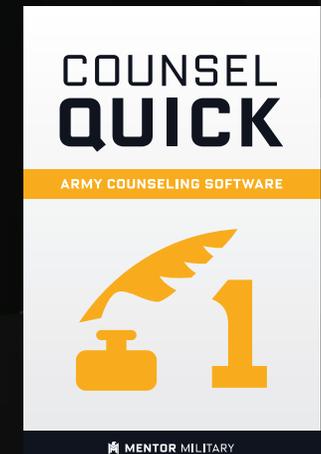
PREVIOUS EDITIONS ARE OBSOLETE.

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))

Soldier will comply with the contents of this counseling and all verbal elements of the safety briefing.

Soldier will ensure they have their leader contact card and my phone number on their person at all times during the pass period.

Soldier agrees to implement the following actions:

- If they encounter any problems they are to contact me immediately
- If I am unavailable they are to contact {ENTER RANK, NAME, & PHONE NUMBER}
- If the secondary POC is not available, immediately contact the unit staff duty office {INSERT PHONE NUMBER}
- Soldier voluntarily

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: agrees disagrees with the information above.
Individual counseled remarks:

**ALL CONTENT
© MENTOR MILITARY
PROTECTED BY LAW & YOUR INTEGRITY**

Signature of Individual Counseled: _____ Date: _____

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

- Ensure Soldier understands the contents of the counseling
- Ensure Soldier has a unit leader card and/or phone numbers of key leaders in their immediate possession
- File copy of the counseling
- Assist Soldier if required

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 returned from pass without incident

Soldier was delayed returning from pass and promptly informed the Chain of Command.

Soldier failed to return from pass at the specified time and did not notify the Chain of Command; See additional counseling dated {INSERT DATE}.

Soldier was involved in an accident/incident while on pass that violated the specifications of this counseling and/or the verbal safety briefing which was administered at the time of counseling. See additional counseling dated {INSERT DATE}.

Soldier was involved in an accident/incident while on pass but did not violate his counseling.

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

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