

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	HOGAN MICHAEL V.	Rank/Grade	SPC/E-4	Date of Counseling	20101214
Organization	948 MCT	Name and Title of Counselor			
		SFC SOKHON G. PEL; NCOIC			

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.)

You are being counseled regarding your daily status report and your military bearing.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

As the Detachment NCOIC, there are some areas that I want to address:

PERSTAT:

Since you started working with the 313th MCB, I have asked you to give SPC Taizan and I your daily status report first thing in the morning, before 0900hrs; via e-mail and/or DSN line. You told me that you will do that, however, nearly everyday you have been late or not sent your report at all. When asked why, your answers have either been that you are busy, you got carried away with work, or just forgot.

E-MAIL ETIQUETTE:

Your emails to me have no subject, often no signature block, and are very unprofessional. This needs to change immediately. Every e-mail you send must have a subject, address the person you are writing to and have a salutation and signature block.

PROFESSIONALISM:

Today when I asked you to come see me, you asked me why and told me that you are too busy. When I give you a mission or ask you to do something, you ask why. This is not acceptable in my eyes for a Soldier preparing a promotion packet. As a future NCO, you need to be more responsible for your actions and act professional at all times; especially when you address those who outrank you; via e-mail or face to face. You need to lead by example. This includes, but is not limited to every Soldier you come in contact with.

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)

SPC Hogan will send his daily report via e-mail or call DSN before 0900 everyday.

SPC Hogan will maintain his military bearing at all times via e-mail or face to face. He will treat all Soldiers professionally and with respect.

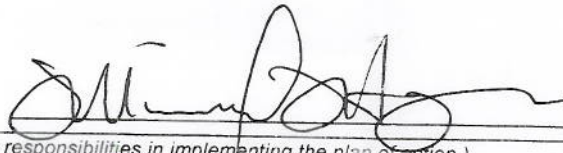
Failure to comply with this Plan of Action may result in UCMJ action and/or possible reduction in rank.

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:

Signature of Individual Counseled:



Date: 14 DEC 2010

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

Signature of Counselor:



Date: 14 DEC 2010

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.