

**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 <i>(Last, First, MI)</i>		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.)*

Initial counseling prior to selection for a Full-Time National Guard Duty (FTNGD) position. Listed below are conditions of employment and must be acknowledged prior to starting the application process.

**PART III - SUMMARY OF COUNSELING**

**Complete this section during or immediately subsequent to counseling.**

**Key Points of Discussion:**

1. By printing and signing my name in the spaces provided below, I acknowledge that I have read and understand all the requirements and responsibilities stated in IDARNG Policy Memos #12 and #32.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

2. I must maintain and update my DA 481 in coordination with my supervisor to track my leave. I will ensure that my DA 481 is sent through HRO to USPFO by my unit or hiring organization at the end of my tour. I acknowledge that I will use all of the leave that I earn during this tour and that I am not authorized to carry-over or sell back any leave.

3. It is my responsibility to properly submit leave using the FTSMCS system, and to ensure that my leave is being processed in a timely manner.

4. Orders must be published prior to me reporting for duty.

5. It is my responsibility to ensure that my packet is complete to the best of my knowledge in accordance with the FTNGD checklist and the reverse side of this counseling form prior to turn-in to the HRO.

6. I acknowledge that if I am involuntarily released from this tour early due to misconduct, inefficiency, or deficiency on my part, I will be notified by my supervisor in writing and will be given a minimum of 15-days prior to release. I further acknowledge that I have 5 working days after notification to rebut the termination and that my rebuttal will accompany my notification of release through my chain of command to the AG. I understand that I must use all of my leave before my last day of duty.

**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)

**FTNGD APPLICATION CHECKLIST:**

1. Complete all required entries on DA Form 1058-R JUL 10, by completing blocks 2-22, certify all information by signing and dating blocks 21 and 23.
  - a. S1 completes blocks 24-35d.
  - b. Obtain your unit Commander's signature in block 34e.
  - c. Request letter of recommendation from Commander.
2. From your unit of assignment:
  - a. Certified height/weight or DA 5500-R (males) or DA 5501-R (females). (Not more than 30 days as of start date)
  - b. DA 705 (APFT score card), and DA 3349 if applicable. (Record test within 6 months of start date)
3. After obtaining unit commander approval and recommendation:
  - a. Print your MEDPROS IMR Record. This can be obtained by accessing your AKO account / My Medical / My Medical Readiness / View Detailed Information / IMR Record.
  - b. Complete DD 2807-1 and submit to Medical Officer at MED DET (Bldg 665). DO NOT submit DD 2807-1 to HRO.
  - c. Coordinate with MED DET for HIV test and pregnancy test, as appropriate.
4. Turn in the aforementioned documentation to the organization you intend on working for.
5. The hiring organization will review the application for content; finalize the required SF 52. They will then turn your packet into the AGR Branch.
6. Failure to follow the above instruction will slow down your application process.

**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:

1. Forward FTNGD application through approval authorities to HRO.
2. Assist Soldier in the management of accrued leave by maintaining DA 481.
3. Ensure the Soldier applies for TriCare Prime Remote for self and family.
4. Ensure that FTNGD orders are published prior to start date of tour.
5. Ensure adequate physical fitness time is provided (3-5 hrs per week).

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.**