DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; 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)*	Rank/Grade	Date of Counseling
SMITH, SNUFFY A.	SGT/E6	1 November 2016

Organization	Name and Title of Counselor
HHC 1-123 IN	UNIT COMMANDER'S NAME, Commander

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.)*

PERFORMANCE/PROFESSIONAL COUNSELING.

SGT Smith, the purpose of this counseling is to inform you of the training requirements associated with your selection for promotion and assignment into a higher graded position.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

SGT Smith, IAW PPOM 15-032, Implementation of the Army National Guard Select, Train, Educate and Promote (STEP) Career Management Model for Enlisted Force, you do not currently meet the NCOES requirements for promotion pin-on. You must be enrolled in at least the first phase of the required NCOES within 120 days of selection and you must complete the required NCOES training in the time frame specified below:
Promotion to:
SGT: must complete BLC within 24 months of selection
SSG: must complete ALC within 24 months of selection*
SFC: must complete SLC within 24 months of selection*
*plus an additional 12 months per phase after the second phase

You were selected for promotion on _____, and must be enrolled in the first phase of your NCOES NLT _____.

Based on your MOS, the NCOES required for your promotion has _____ phases. Therefore, you must complete all phased of your NCOES NLT _____.

NCOES Extension Waiver. An NCOES extension waivers may be requested by your chain of command, if they deem circumstances warrant an extension. Extension approvals are not guaranteed, and are at the discretion of the command.
Extensions beyond the above suspense are not authorized for promotion to SGT.
Extensions beyond the above suspense require O6 commander approval for promotion to SSG.
Extensions beyond the above suspense require GO commander approval for promotion to SFC.

If you deploy after your selection, your time line will stop on the day their mobilization starts and will restart 90 days after the date they were released from active 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)*

You will enroll in at least the first phase of your required NCOES NLT _____.
You will extend, if necessary, in order to enroll in the first phase of your NCOES.
You will complete your NCOES requirement within the time frame specified.

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:

I understand and agree with the requirements associated with my selection. I will complete the NCOES required for my promotion within the specified time frame. I understand that failure to comply with any portion of these requirements will result in my command initiating removal from my position and that I will be placed in a position commensurate with my current grade and I will ineligible for selection for the duration of the EPS cycle.

Signature of Individual Counseled: _____ Date: _____

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

Ensure that SGT Smith is enrolled in, prepared for, and completes the required NCOES within the time frame specified.
Request an extension for SGT Smith to complete NCOES requirements if circumstances warrant an extension.
Notify the EPS section (through the chain of command) if SGT Smith fails to comply with the training requirements.

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.