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

Organization	Name and Title of Counselor (must be senior in rank)

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 counseling

The purpose of this counseling is to voluntarily place (Soldier Name) on 12301h orders to complete the IDES process.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Soldier acknowledges and initials each:

_____ 1. I must report to all medical appointments including physical therapy and examinations. I understand I am not authorized to change, cancel, and/or reschedule my medical appointments. Failure to do so may result in termination of my active duty orders. First and second missed appointments will result in official counseling. A third missed appointment will result in an official reprimand and REFRAD.

_____ 2. I understand while I am on 12301(h) orders, I will not perform a civilian job or missions. I understand will not attend Military Residence Courses, civilian education classes or civilian education training during normal duty hours.

_____ 3. I have disclosed all medications, known medical diagnosis, and/or medical problems (treated/untreated) to the Case Manager and/or Care Coordinator prior to signing this form.

_____ 4. I will be required to report to my unit of assignment during a regular work week. I can only perform duties within the limitations of my profile (IAW AR 40-501, Ch 7) and must retain a copy of my profile with me at all times.

_____ 5. I understand while on Title 10 orders I am subject to UCMJ actions.

_____ 6. I will not engage in conduct prejudicial to the good order and discipline of my assigned duty site or unit.

_____ 7. I will wear appropriate duty uniform as directed.

_____ 8. I will maintain Army Physical Fitness Training regimen within the limitation of my profile in accordance with TC 3-22-20 (Army Physical Readiness Training) and maintain the height and weight standard in accordance with AR 600-9 (The Army Weight Control Program).

_____ 9. I understand I must use any accrued leave during the dates of this approved Title 10 12301 (h) Active Duty period.

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)*

AS THE INDIVIDUAL MAKING THE CLAIM, I UNDERSTAND I AM RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED. I ALSO UNDERSTAND FAILURE TO FULFILL THE ABOVE REQUIREMENTS MAY RESULT IN TERMINATION OF MY ENTITLEMENTS TO PAY, ALLOWANCES, AND MEDICAL CARE FOR THIS DISABILITY. THE PENALTY FOR WILLFULLY MAKING A FALSE CLAIM IS A MAXIMUM FINE OF $10,000, IMPRISONMENT FOR FIVE (5) YEARS, OR BOTH.

Point of contact (POC) for this action is

Rank/Name:
Phone:
E-Mail:
Unit:

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:

Signature of Individual Counseled: _____ Date: _____

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

Support Soldier 100% and ensure access to resources available.

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.