

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpclid.defense.gov/Privacy/SORNsindex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

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/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

Soldier's Responsibility in the LOD Process

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

On _____, you suffered an injury/illness while in a duty status. IAW AR 600-8-4, a DA 2173 (LOD) will be processed on your behalf to protect your interest and the interests of the US Government in entitlement to medical care.

- 1) _____ IT IS YOUR RESPONSIBILITY TO PROVIDE TO THE UNIT ALL MEDICAL BILLS AND DOCUMENTATION.
- 2) _____ You will sign a "Release of Information" from the facility that you are seen by, releasing all pertinent information based on the injury you sustained to:
- 3) _____ You have until the next scheduled Drill Assembly to present to the Unit all Medical Documentation. This documentation is very important in order to process the DA 2173 in a timely manner and to prevent any unnecessary debt to be incurred by you, the Soldier.
- 4) _____ In the event that you do not provide the Required Medical Documentation, your DA 2173 (LOD) may be Administratively Closed. If the DA 2173 is administratively closed, no further action will be processed on your behalf. It will then be YOUR responsibility to provide any additional documentation to Medical Actions and a Memorandum requesting that your LOD be reopened.
- 5) _____ In the event that you, the Soldier, have made diligent attempts to receive all required Medical Documentation and have not received it, you will notify the Unit and we will assist with acquiring the documentation from the Medical Facility you were seen by, and no action will be taken against you.
- 6) _____ Once the required documentation is received, any limiting profiles will be turned over to the State MEDCOM and you will be issued a profile on a DA 3349. The unit will help to facilitate this by sending all documentation to the State MEDCOM on your behalf.
- 7) _____ IT IS MANDATORY that you follow the Treatment Plan provided to you by the Physician or Physicians (i.e. use of crutches, wearing of a brace etc.) If you are found not following the Limitations of your profile or DA 3349, you will be in direct violation and could possibly face punishment or a loss of your profile.

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).

I will provide to the unit all Medical Bills and Documentation by the next schedule Unit Training Assembly.

I will sign a "Release of Information" from the facility that you are seen by, releasing all pertinent information based on the injury you sustained to:

In the event that I do not provide the Required Medical Documentation, my DA 2173 (LOD) may be Administratively Closed. If the DA 2173 is administratively closed, no further action will be processed on my behalf.

In the event that I have made diligent attempts to receive all required Medical Documentation and have not received it, I will notify the Unit ASAP so that they can assist me with acquiring these documents to support my LOD.

IT IS MANDATORY that I follow the Treatment Plan provided to me by the Physician or Physicians (i.e. use of crutches, wearing of a brace etc.) If I am found not following the limitations of my profile or DA 3349, I will be in direct violation and could possibly face punishment or a loss of my profile.

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 will provide all necessary documentation to ensure the completion of my LOD, and payment of medical bills. If I do not provide these documents, the bills will become my responsibility.

Signature of Individual Counseled:

DATE (YYYYMMDD)

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

Signature of Counselor:

Date (YYYYMMDD)

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.)

SIGNATURES

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

Counselor:	Individual Counseled:	Date of Assessment (YYMMDD):
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Note: Both the counselor and the individual counseled should retain a record of the counseling.