<b>DEVELOPMENTAL COUNSELING FORM</b> For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.						
PRIVACY ACT STATEMENT						
AUTHORITY: PRINCIPAL PURPOSE:						
NOTE:						
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: Disclosure is voluntary.					
	PART I - ADMINISTRATIV	E DATA		1		
Name (Last, Firs	st, MI)	Rank/Grade		Date of Counseling		
Organization GEORGIA AF	Nam RMY NATIONAL GUARD	e and Title of Couns	selor			
	PART II - BACKGROUND	INFORMATION				
	unseling: (Leader states the reason for the counseling, e.g. Performa s prior to the counseling.)	nce/Professional/Ev	ent-Orient	ed counseling, and include the leader's facts		
Approach:	Non Directive Combined Directive	_				
Type of Couns			vent Orient			
This counselin	ng statement is in reference to a medical condition that disqual	ifies you from fur	ther servi	ice IAW AR 40-501, Chapter 3.		
	PART III - SUMMARY OF Complete this section during or immedia		counselir	ng.		
Key Points Disc	cussion:					
	n given a Notification of Medical Disqualification which detain Point (MRDP)process. You may elect one of the following o		ation and	l options in the Medical Retention		
<ol> <li>Accept the medical disqualification and be medically discharged if you have less than 15 years of service.</li> <li>Accept the medical disqualification and be medically retired if you have more than 15 years but less than 20 years of qualifying service.</li> <li>Accept the medical disqualification and be Retirement if you have 20 years or more of qualifying service.</li> <li>Submit a packet for consideration by the Non-Duty Related Physical Evaluation Board (NDR-PEB). This option is for Soldiers that want to appeal the disqualification and feel they can continue service with limitations.</li> </ol>						
By initialing the following, you acknowledge that you have read and understand your rights and responsibilities pertaining to your election options:						
1. You must make an election regarding your separation from the Georgia Army National Guard. Failure to make an election by the due date listed on your notification will result in discharge based upon your service record on the Retirement Points Accounting Management (RPAM) statement.						
2 If you elect to go before the NDR-PEB, your completed packet must be submitted to the Medical Programs Manager prior to your suspense date on your notification. Failure to submit a completed packet will result in discharge based upon the qualifying years of service recorded on your RPAM.						
	3You are highly encouraged to seek counsel from the state JAG office 678-569-5644, BLDG 447 Clay National Guard Center and/or Office of Soldiers' Counsel email: usarmy.gordon.medcom-eamc.mbx.meb-counsel@mail.mil.					
4 You as	4You are required to communicate with your chain of command, MRNCO, and Medical Program Manager during the PEB process.					
5 You must notify your unit within 2 business days of this notification of your MRDP counseling and provide a copy of the signed documentation to your RNCO or commander.						
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.						

6. You do/do not have a VA disability rating? My Disability rating is%.					
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 inform my chain of command if any issues arise while completing a PEB packet. (if applicable)					
I will complete any processing paperwork, retirement processing, or claims in a timely manner.					
I understand that all qualifying Soldiers are encouraged to attend a scheduled retirement briefing. I may request further information on dates and locations through my unit representative. (RNCO)					
I will settle all claims or properly return all government property prior to my discharge.					
I understand that a discharge prior to full term of my contract may affect any education or repayment benefits I currently receive. $\overline{My}$ contact information:					
Contact Number: Email:					
RETIREMENT SECTION: 678.569.5750, EMAIL: ng.ga.gaarng.list.ngga-g1-retirements@army.mil					
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 have received a copy of the NDR-Trifold					
I have received a copy of the NDR-PEB Checklist					
Signature of Individual Counseled:	DATE (YYYMMDD)				
Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)					
Signature of Counselor:	Date (YYYMMDD)				
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 (YYYMMDD):

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