

DEVELOPMENTAL COUNSELING FORM

FY 22

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	

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.)

1. **The Extension Interview** per NGR 600-200 Ch. 8 to discuss qualifications for extension, options, goals, decisions, and available incentives; to determine Soldier's extension eligibility and incentives for which he/she may be eligible.
2. Inform the Soldier that his/her eligibility for re-enlistment and/or incentives must be validated by the Unit Retention NCO (URNCO).
3. A single DA Form 4856 may be used for all six phases of counseling (365-day through 30-day)

<input type="checkbox"/> 365 days out	<input type="checkbox"/> 270 days out	<input type="checkbox"/> 180 days out	<input type="checkbox"/> 120 days out	<input type="checkbox"/> 90 days out	<input type="checkbox"/> 60 days out	<input type="checkbox"/> 30 days out
<small>FL/URNCO</small>	<small>PSG/Section Ldr</small>	<small>CDR/1SG/URNCO</small>	<small>1SG</small>	<small>CDR</small>	<small>RRNCO</small>	<small>BSM/CSM</small>
ETS <input type="text"/>	PEBD <input type="text"/>	TIS at current ETS <input type="text"/> yrs.	D MOSQ <input type="checkbox"/>	Primary <input type="checkbox"/>	Excess <input type="checkbox"/>	Previous EXT <input type="checkbox"/>
Date of last APFT (within 14 months) <input type="text"/>	GO <input type="checkbox"/>	NO-GO <input type="checkbox"/>	Weight <input type="text"/>	NO-GO <input type="checkbox"/>	Flagged <input type="checkbox"/>	

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- Discuss current Select Reserve Incentive Program (SRIP) benefits** Must meet eligibility requirements. Must have valid APFT within 14 months (M-Day) or 8 months (AGR) of document posting date. Soldier can also extend for SLRP and MGIB Kicker.
1. Incentives are subject to change throughout the year. Refer to current SRIP policy.
 2. **Student Loan Repayment Program (SLRP).** Up to \$50,000 for qualifying Federal loans. (approx. \$31K after taxes)
 3. **Montgomery GI Bill (MGIB) Kicker.** Pays \$350/month during periods of enrollment up to 36 months.
 4. **Re-enlistment/Extension Bonus (REB).** 2, 4 or 6 year extension within one year of ETS.
 - E7 or below must not exceed 13 years and 1 month TIS (TIS is based on contract start date, not the date of signature).
 - 6 years (\$12,000) Payment is processed lump sum upon contract start date.
 - 4 years (\$6,000) Payment is processed lump sum upon contract start date.
 - 2 years (\$2,500) Payment is processed lump sum upon contract start date.
 - 1 period of AWOL will terminate bonus with RECOUPMENT. (Annual Training Only)
 - 2 consecutive APFT or HT/WT failures will result in termination.
- Combinations may be offered in conjunction with the REB. Must extend for a minimum 6-year term.*

Note any incentives from enlistment or previous extensions (Check)

- | | | |
|---|---|---|
| <input type="checkbox"/> Montgomery GI Bill Kicker | <input type="checkbox"/> Reenlistment Bonus | <input type="checkbox"/> Non-Prior Service Enlistment Bonus |
| <input type="checkbox"/> Prior Service Enlistment Bonus | <input type="checkbox"/> Student Loan Repayment | <input type="checkbox"/> Affiliation Bonus |

Discuss Features of membership in the Army National Guard.

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|--|---------------------------------|--------------------------|
| -Low Cost life, health, and dental insurance | -100% Tuition reimbursement | -VA Home Loans |
| -Free Health insurance at age 60 for retirees (TRICARE for Life) | -Student Loan Repayment Program | -MGIB/MGIB Kicker |
| -Retirement Income at 60 (or earlier) | -Monthly/ Annual Income | -Service Cancelable Loan |
| -Transferability of GI Bill benefits to family members (Post-911 only) | -Federal Tuition Assistance | -Thrift Savings Plan |

Discuss factors affecting decision to ETS vs. Extend and address concerns.

- Family - Employment - Education - Leadership - Camaraderie - Esprit de corps - Training - Travel

Discuss the following regarding individual's career development.

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|--|-------------------------|--------------------------------|
| -Assessment of leadership skills | - Leadership potential | - Potential for promotion |
| -MOS qualification/proficiency | - Promotion Points | - Correspondence courses |
| -NCO professional development courses | - Weapons Qualification | - Transfer to another unit |
| -Significance of NCO/E4 evaluation reports | - Weight control | - Additional Duty Appointments |
| -APFT Score | - Reclassification | |

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)

1. If questions arise during counseling, contact the Brigade Strength Manager (BSM), Unit Career Counselor (UCC), or RNCO.

2. During 365-day counseling, counselor selects 1 of 4 options below, enters the date of counseling, and takes associated action.

3. During subsequent phases of counseling:

a. If the Soldier's intent **has not changed**, then counselor and Soldier sign in Part IV below

b. If the Soldier's intent **has changed**, then counselor selects new option below, enters date, and takes associated action.

1. **Soldier will extend current enlistment for (1, 2, 3, 4, 5, or 6) yrs for the following SRIP incentive:** REB / SLRP / MGIB Kicker / Other
(Six year ext. req'd for SLRP and MGIB Kicker)

Date: Counselor will enter number of years and SRIP above coordinate meeting between Soldier and URNCO to validate eligibility

2. **Soldier would like to extend, however:** is not eligible to extend without approved waiver due to flag or medical issue that precludes him/her from taking or passing an APFT: APFT Flag Weight Flag Adverse Action Flag Medical issue

Date: Counselor will ensure immediate review of this form by URNCO

3. **Soldier will ETS**

Date: Counselor will ensure concerns are fully discussed and addressed ensure immediate review of this form by URNCO
 ensure Soldier completes exit survey (provided by URNCO)

4. **Soldier is undecided as of the following counseling session (counselor initials corresponding counseling period below)**

Date: _____ 365-day _____ 270-day _____ 180-day _____ 90-day _____ 60-day _____ 30-day (follow up monthly until intent is recorded)

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.)

- ensure URNCO receives the original copy of this signed form
- inform CDR, 1SG, PSG, and FLL of Soldier's current intent
- inform CDR and 1SG of positive and negative factors influencing Soldier's decision to extend or ETS
- ensure entries on this form are legible, accurate, and concise, so that a third party can read and understand
- ensure all extension correspondence is uploaded and filed in the appropriate system of record

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.)

365-day Counselor _____ Individual Counseled: _____ Date _____ :

270-day Counselor _____ Individual Counseled: _____ Date _____ :

180-day Counselor _____ Individual Counseled: _____ Date _____ :

90-day Counselor _____ Individual Counseled: _____ Date _____ :

60-day Counselor _____ Individual Counseled: _____ Date _____ :

30-day Counselor _____ Individual Counseled: _____ Date _____ :

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