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

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.)*

Initial counseling admitting Service Member into the unit Reconditioning and Profile PRT Program (R/P PRT)

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

o You are being entered into the Battalion (or Brigade) R/P PRT Program
o The goal of the program is to assist you in a timely recovery from your injuries
o Your profile will be examined and a program will be designed that will allow you to conduct physical training within the limitations of your profile
o Your rehabilitation progress will be documented on a daily basis in order to keep record of and track your progress
o R/P PRT is your place of duty from _____ - _____ Monday-Friday at _____ (location)
o A daily attendance roster will be maintained and provided to your 1SG for accountability purposes

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)*

Service member is required to:
o Comply with instructions and guidelines provided by the primary care provider (PCM) and/or physical therapist
o Adhere to the developed plan
o Bring profile, prescribed rehabilitative exercises, and any exercise equipment provided from your PCM or Physical Therapist to each session
o Receive a satisfactory daily effort/motivation evaluation no less than 90% (average) of days in the program

o Goals:

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.)*

- Guide Soldiers throughout their recovery process and evaluate their effort on a daily basis
- Provide reports to the Soldier's leadership as required.
- Provide feedback to the unit R/P PRT NCOIC

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.