

## 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 <i>(Last, First, MI)</i>	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 to serve as statement of understanding prior to selection for a Full-Time National Guard Duty (FTNGD) position. The below list are conditions of employment and must be acknowledged prior to starting the application process.

### PART III - SUMMARY OF COUNSELING

**Complete this section during or immediately subsequent to counseling.**

**Key Points of Discussion:**

1. I understand FTNGD requires an application process that is my responsibility and that the process must be completed each time I perform duty under a different program manager or cross a fiscal year.
2. While on FTNGD I volunteer to attend Inactive Duty Training assemblies and Annual Training with my unit of assignment. I understand that I do not have to take accrued leave to attend unit assemblies.
3. Long and short FTNGD tours are contingent upon availability of funds. If the budget that funds my tour(s) falls short, my orders will be terminated.
4. While on long term FTNGD orders (30 days or more), I will accrue leave at the rate of 2.5 days per month which must be used prior to the last day of my long term orders or mobilization whichever occurs first. I will request and process leave through the Leave Tracker I am responsible for tracking my leave and ensuring that days taken are reflected on my LES.
5. If I am required to attend other duty (voluntary or involuntary) relating to my unit of assignment, my FTNGD orders may be amended which will change my allowances resulting in a change to my total entitlement each month.
6. As a condition of my employment, I am required to show successful completion of the APFT and height/weight standards within the 6 months prior to my start date. I will also take and pass a semiannual (every 6 months) APFT and weight in with my unit of assignment. If I fail to achieve this condition I will be subject to involuntary separation from FTNGD.
7. If for any reason I am unable to perform the duties that I was hired to perform, I will be placed on leave until my accrued leave is exhausted and my orders will be terminated.
8. If I am injured during the performance of duty or on off duty hours, I must report the injury to my FTNGD supervisor. It is my responsibility to obtain the medical care required to maintain my ability to be continued on FTNGD orders.
9. I understand that if I am on FTNGD orders (over 30 days), I am entitled to TRICARE medical and dental benefits for myself and any eligible dependents. I understand that I am required to submit an enrollment application in order to enroll myself into TRICARE. If I choose to enroll any eligible dependents into TRICARE Prime, Prime Remote or the TRICARE Dental Program, I understand that I must submit an enrollment application. I further understand that my dental care is subject to the rules and conditions of the Active Duty Dental Program.
10. I understand that I will be required to take a 31 day break prior to reaching 4 years of continuous active duty.
11. I understand that I am not eligible to receive Veterans Affairs Disability Compensation and military pay for the same period of time. If I do not suspend the VA compensation I will incur a significant debt to the U.S. Government that I will have to repay.

### 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. Complete all required entries on DA 1058.
  - a. Custodian Signature Required
  - b. Commanders Signature Required
2. From your unit of assignment:
  - a. NGB Form 23A (RCAS or iPerms)
  - b. Individual Medical Readiness (IMR) (MEDPROS)
    - 1) Must indicate a fit Periodic Health Assessment within 12 months from start of duty (must be accomplished before orders can be issued)
    - 2) Must indicate an HIV Test within 24 months from start of duty (must be accomplished before orders can be issued)
  - c. DTMS Printout of APFT/ACFT and HT/WT Sections
  - d. DA Form 5500/5501 (if applicable)
  - e. DA Form 3349 (if applicable)
  - f. Technician Approval Form (if applicable)
  - g. Any other form listed on the job announcement (ie: Resume, DA Form 1059's etc.)
3. Submit your application.
4. If selected and once the application is approved, orders are issued. I must do the following:
  - a. Update DEERS
  - b. Submit TRICARE enrollment application
  - c. Follow up with your unit of assignment to ensure your orders were submitted to USPFO for processing
  - d. Ensure I utilize my accrued leave prior to the termination of my orders.

**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.)

- Assist Soldier in the management of accrued leave by maintaining DA Form 481 and DA Form 4179.
- Ensure the Soldier updates DEERS and applies for TRICARE for self and eligible dependents.
- Ensure FTNGD orders are published prior to start date of tour and submitted to USPFO, SIDPERS and DEERS. Ensure any amendments/revocations are processed the same.
- Ensure DD Form 214 is completed upon REFRAD if Soldier has served 90 days or more on active duty.

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.**