

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100

**AUTHORITY:** U.S. Army Cadet Corps Regulations.

**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.

**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. All uses of the form are internal to the United States Army Cadet Corps.

**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

NAME <i>(Last, First, Middle)</i>	RANK/GRADE	SOCIAL SECURITY NUMBER	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):*

### PART III – SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion Points:**

### OTHER INSTRUCTIONS

This form will be destroyed after 12 months or upon transfer to another USAC unit, upon separation or retirement as a USAC officer or NCO. When this form is executed during a period of TDY, such as Annual Training or other national courses of instruction, this form will remain in the member's 201 file for 12 months, regardless of a transfer between units.

**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 specific time line for implementation and assessment (Part IV below):

**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  I disagree with the information above

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_

Date: \_\_\_\_\_

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

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.