

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.dod.mil/Privacy/SORNs/index/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

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 is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) LANG Leader	Rank/Grade E7-O4	Date of Counseling 14-Oct-2023
Organization Louisiana National Guard	Name and Title of Counselor MG Keith Waddell / TAG	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

Initial Counseling

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

- Moral, Legal, and Ethical service. On and off duty
- Readiness (Personnel, Training, and Logistics)
- All-Hazards preparation, response, and recovery
- RUT (Army) or ACT (Air) goals achievement (Attached)
- Leadership-Our Servicemembers deserve the BEST leaders we can assign to them.
- Professionalism, Fairness, and Consistency
- Set the example-commitment, fitness, height & weight, etc.
- Know your Servicemembers. Communicate with them often.
- Family Readiness Group
- Team building-everyone wants to be on a winning team.
- Inspections-Pass them all!
- Counseling: Initial, Quarterly, and Serious Incident dependent.
- Time management, delegation, and empowerment
- Apply the 1/3-2/3 rule for missions
- Community Involvement-know and meet your Centers of Influence in the community
- Train your Replacement
- Life long learning for yourself and your subordinates
- Recognition & appreciation. Let them know you value and respect them
- Information must flow vertically and horizontally
- OPORDs
- SAFETY ALWAYS!!!!
- Medical-Commander's Portal Access
- Have FUN!!!

You are responsible for all the unit accomplishes or fails to accomplish!

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).

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 (YYYYMMDD):

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

Signature of Counselor:

Date (YYYYMMDD):

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

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

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