

**DEVELOPMENTAL COUNSELING FORM**

**DATA REQUIRED BY PRIVACY ACT OF 1974**

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.  
ROUTINE USES: For subordinate leader development IAW FM22-100 .  
DISCLOSURE: Disclosure is voluntary.

**PART I-ADMINISTRATIVE DATA**

Name (Last,First,MI)	Rank/Grade	SSAN	Date of Counseling
Unit	Name and Title of Counselor		

**PART II- BACKGROUND INFORMATION**

Purpose of Counseling: (Circle one)      Professional      Performance      Event

Facts and Observations:

**PART III-SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling

Key Points of Discussion:

**Plan of Action:** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). Goals should be behavioral and specific.)

**Session Closing:**

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):

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV-ASSESSMENT OF THE PLAN OF ACTION**

**Assessment** (Did the plan of action achieve the desired results?)

Signature of Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_