

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; 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 and E.O. 9397 (SSN)  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name <i>(Last, First, MI)</i> STELLY, JAMES D.	Rank/Grade SSG/E-6	Social Security No. 012-34-5678	Date of Counseling DD/MM/YYYY
Organization D CO, 2-29IN, FORT BENNING, GA		Name and Title of Counselor KEOKI S. SMYTHE, CHIEF TRAINER	

### 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.)*

Participation in a sanctioned event called the Bellator Fighting Championship on 17 APR 2009.

### PART III - SUMMARY OF COUNSELING

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

**Key Points of Discussion:**

SSG Stelly, you have requested to compete in an event called the Bellator Fighting Championship on 17APR2009. You must understand that getting approved for it is considered a second job and does not take precedence over the US Army. You will always be in your place of duty, until released at 1700 on duty days. Formation, unit mission, and duty roster will not be altered at any time for your off-duty employment. Failure to comply with the command policy will result in your off-duty privileges being revoked immediately. You will provide the place of employment and phone numbers so that you may be reached at all times. Also, you are not authorized to sign any contract for this fight or give any verbal agreement to fight until this and all other pertinent forms have been approved by your Chain of Command.

### 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)

Event: The Bellator Fighting Championship

Date and Time of Event : 17 1930 April 2009

Address of Event: Riverwind Casino, Norman, OK

POC: SFC Roeder, work: 706-545-2811 cell: 706-566-7451

**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.)

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.**