

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>	Rank/Grade	Social Security No.	Date of Counseling
Organization FMD, FMS, Ft. Jackson, SC	Name and Title of Counselor NASHTON, MICHAEL-JOHN Instructor		

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.)*

To inform you of your responsibilities to maintain standards of excellence and the highest degree of professionalism while going through the Principles Cost Analysis and Management (PCAM) Course. Each exam you will be required to attain a minimum of 80% to attain a PCAM Certificate.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Classroom Maintenance: Neat and cleanliness appearance; clean up around your area and empty trash daily.

Course Information: PCAM is the one of three cost management courses designed to familiarize students with cost management theories and techniques used in both public and government sectors. Students will be required to successfully complete 3 test with a minimum of 80% for each one.

Conduct- on and off the installation: Be professional at all times; be courteous to one another; ensure you are on time in the morning and after each break, seated waiting for the next block of instruction; dress and look professional.

Student Data Sheet: Top Left Name: Last, First M. / SSN / PCAM Class #

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)*

Based on our discussion, you will not deviate from the standards and conduct discussed.

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.