

**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.  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI)	Rank/Grade	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.)

Initial counseling prior to selection for a FULL-TIME NATIONAL GUARD DUTY (FTNGD) or ACTIVE DUTY OPERATIONAL SUPPORT (ADOS) position. The below listed are conditions of employment and must be acknowledged prior to starting the application process.

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

1. I understand, FTNGD/ADOS requires an application process that is my responsibility.
2. While on FTNGD/ADOS I willingly volunteer to attend IDT assemblies and Annual Training with my unit of assignment. I further understand that I do not have to take accrued leave to attend unit assemblies.
3. Long and short FTNGD/ADOS tours are contingent on budget, if the budget that finances my tour falls short, my orders will be terminated.
4. While on long term FTNGD/ADOS orders(more than 29 days) I will accrue leave at the rate of 2.5 days per month which must be used prior to the last day of my long term orders or 29 September which ever happens first.
5. If I am required to attend other duty (voluntarily or involuntarily) relating to my unit of assignment, my FTNGD/ADOS orders may be amended which will change my allowances resulting in a change to my total entitlement each month.
6. As a condition of employment, I am required to take and pass a semi annual (every 6 months) APFT and weigh-in. If I fail to achieve this condition I will be subject to involuntary separation from FTNGD/ADOS.
7. If for any reason I am unable to perform the duties that I was hired to perform, I will be placed on leave until my accrued leave is exhausted and my orders will be terminated.
8. If I am injured during the performance of duty or on off duty hours I must report the injury to my FTNGD/ADOS supervisor; it is my responsibility to obtain the medical care required to maintain my ability to be continued on FTNGD/ADOS orders.
9. I understand, if I am on FTNGD/ADOS orders, (over 31 days) I am entitled to TRICARE Prime Remote and dental coverage for myself. It is my responsibility to update my DEERS status at an ID card location. I also understand that if I have care provided without required preauthorization I may be responsible for the cost of the care.
10. I understand that if I have a Profile (TEMP or Permanent) or a medical condition that would preclude me from mobilizing or performing my National Guard duties, and that condition is not reported, I may be removed from the FTNGD/ADOS program upon completion of leave accrued.
11. I understand that I must have a current HIV blood draw (within 6 months) to hold my FTNGD/ADOS position. If I do not have an HIV blood draw within 30 days of the start of my orders, or my HIV results come back positive, my orders will be amended and I will be removed from the FTNGD/ADOS program.

**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)

**FTNGD/ADOS APPLICATION CHECKLIST:**

- DA FORM 1058-R (Application for FTNGD/ADOS)
- ARNG FORMAT 1058-1R (Checklist determining approval authority)
- NGB FORM 23A (Retirement Points Accounting Statement)
- AFCOS Orders Query ( Determine last 31-day break in orders)
- IMR (Individual Medical Readiness - PHA must be within 1 year of start date - HIV must be within 2 years of start date)
- DA 705 (APFT Test within 6 months of start date)
- DA 5500 (Body Fat Content Worksheet (if applicable))
- DA 873 (Security Clearance Verification)
- DA 1506 (Statement of Service)

Failure to follow the above instruction will slow down the application process.

**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.)

1. Forward FTNGD/ADOS application through approval authorities to the HRO-ADOS Manager
2. Assist soldier in the management of accrued leave.
3. Ensure the Soldier applies for TRICARE for Self and family.
4. Ensure FTNGD orders are published.
5. Ensure Soldier is submitted for pay.

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.**