DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; 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.)*

• Discuss Soldier's SSD prerequisite before attending NCOES as set forth in NGNC-OPG MEMORANDUM FOR All NCARNG Enlisted Personnel. SUBJECT: Unit Standard for Structured Self-Development (SSD) Completion TY-15 TY-16

• Discuss Soldier's options and intentions to complete SSD prerequisite and discuss available attendance dates for required NCOES

• Discuss SSD completion requirements to attain promotion eligibility consideration

• Inform Soldier of possible administration reduction if they fail to successfully complete the required NCOES according to AR 600-8-19 para 10-16 and 10-20d

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

1. On _____, you are being informed of the Structured Self-Development (SSD) prerequisite to attend NCOES Courses required for your current grade and to attain eligibility for promotion consideration to the next grade.

2. I understand that I will be required to complete the appropriate level of SSD for my current grade as a prerequisite before attending NCOES and to attain eligibility for promotion to the next grade (Initial next to all that apply):

• SSD-1 is a prerequisite to attend Warrior Leader Course (WLC) and is required to attain eligibility for promotion consideration to SGT/E-5. WLC attendance is limited to soldiers in the rank of SPC/E-4 or higher. PFC/E-3 and below are not eligible for attendance to WLC. _____ (initials)

• SSD 2 is a prerequisite to attend Advanced Leader Course (ALC) and is required to attain eligibility for promotion consideration to SSG/E-6. _____ (initials)

• SSD-3 is a prerequisite to attend Senior Leader Course (SLC). SSG/E-6 must complete SSD level 3 to attain eligibility for promotion consideration to SFC/E-7. _____ (initials)

• SSD-4 is a prerequisite to attend Sergeant Major Course (SMC). SFC/E-7 must complete SSD level 4 to attain eligibility for promotion to MSG/E-8. _____ (initials)

3. In addition, noncompliance with the Army Body Fat Standards IAW AR 600-9 and Army Physical Fitness Test, failure to meet the physical fitness standards, as set forth in TC 3-22-20, IAW AR 350-1 Chapter 1-23, resulting in being flagged IAW AR 600-8-2 are reasons that would constitute (as through fault of the Soldier) failure to complete training as stated in: AR 600-8-19 para 10–16 and 10-20d. Soldiers who fail to successfully complete training, fail to remain eligible to be scheduled for or attend, who are denied enrollment in, or who do not attend their scheduled NCOES class (through fault of the Soldier) will be administratively reduced or removed from the promotion list. Soldiers will only be reduced when NCOES is required for his/her current grade. The DOR will be the previous DOR held at the reduced grade.

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)*

- Ensure Soldier completes all course administrative requirements
- Monitor Soldier's progress and ensure completion updates are in ATRRS
- Allow Soldier time during duty hours to work on SSD
- Provide available dates to attend required NCOES course and allow the Soldier a sufficient amount of time to decide which dates would best fit their needs
- Discuss and ensure that the Soldier completely understands the following:

Please initial:

_____ I understand the SSD requirements for attending NCOES courses for my current grade

_____ I understand that I will be required to select a primary and alternate date preferred, (in the time allotted), provided to me by the Training NCO and successfully complete my scheduled NCOES

_____ I understand that I will be administratively reduced, if through fault of my own, I fail to successfully complete my scheduled NCOES class, fail to remain eligible to be scheduled for or attend my scheduled NCOES class, or denied enrollment due to either:

a. Height/Weight Standard Failure. Noncompliance with the Army Body Fat Standards IAW AR 600-9

b. Physical Fitness Test Failure. Failure to meet the physical fitness standards as set forth in FM 7-22, IAW AR 350-1 Chapter 1-23

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.)*

- Encourage the Soldier to schedule and successfully complete required SSD and NCOES
- Provide the Soldier with information and guidance to ensure success
- Provide the Soldier with available dates to attend NCOES
- Conduct notification of possible administrative reduction

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.