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
_____, Brooke Army Medical Center, FSH, TX 78234	

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.)*

PROFESSIONAL GROWTH AND GUIDANCE - U.S. ARMY SOLDIER/LEADER RISK REDUCTION COUNSELING

***(this pre-formatted counseling must be used in conjunction with the U.S. Army Soldier/Leader Risk Reduction Tool)

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

The purpose of this counseling is to identify any potential concerns or problems that you may be experiencing, that you may need assistance with or that may place you in a high risk category for potential negative outcomes. Answer the below questions as candidly as possible. If you respond, "yes" to any of the questions, please go to the response for the very last question, and after your last response, write the # to each question that you answered "yes" to, and provide a brief explanation of each. Also, if you have already sought or are already receiving assistance for that particular issue, please list what type of assistance and from whom, or from what individual or agency. As well, if you personally have taken any action to mitigate the negative impact of the problem or issue, please provide that info with your response. (initial the space next to YES or NO, then circle the response and initials.)

1. a. Has the Soldier been command referred for any assistance? YES _____ NO_____ (e.g., legal, financial, spiritual, alcohol, family/relationship, behavioral health, other)
b. Does the Soldier wish to disclose receiving any similar types of assistance for which he/she was not command referred? YES_____NO_____
2. Is the Soldier experiencing any difficulties getting the assistance he/she needs either on-post or off-post? YES___ NO____
3. Has the Soldier been unsuccessful in meeting military requirements or standards? (WT control, WPNs qual, MOS trng)? YES_____ NO_____
4. Has the Soldier received negative counseling or evaluations since arriving at the current unit or organization? YES____ NO____
5. Has the Soldier been denied promotion or attendance to schools, or barred from reenlistment for any reason? YES____ NO____
6. Is the Soldier currently pending or undergoing a UCMJ action? YES_____ NO_____
7. Does the Soldier have financial or employment concerns, such as inability to cover basic monthly expenses, home foreclosure, difficulty meeting child, support payments, or inability to repay loans? YES_____ NO_____
8. Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in current fitness for duty limitations? YES_____NO_____
9. Does the Soldier have a current medical profile (temporary or permanent)? YES_____ NO_____
10. Does the Soldier have any concerns about medical care, medications or supplements he/she is taking? YES_____ NO_____
11. Is the Soldier currently experiencing problems related to sleep? YES_____ NO_____ (see questions 12 through 26 on continuation of counseling sheet attached to this DA4856)

(SEE CONTINUATION OF COUNSELING SHEET)

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.

CONTINUATION OF COUNSELING

Subject: Soldier/Leader Risk Reduction Counseling for: _____
(SMs Name)

12. Does Soldier tend to withdraw or socially isolate themselves from others? YES____ NO_____

13. Has the Soldier exhibited excessive anger or aggression in the past 3 months? YES____NO____

14. Is the Soldier experiencing serious marital/relationship issues, or immediate family concerns, such as a serious illness in a family member? YES____ NO____

15. Has the Soldier been involved in any incidents of domestic violence or child abuse/neglect? YES_____ NO_____

16. Has the Soldier experienced any condition that may be considered cruel, abusive, oppressive, or harmful, to include hazing or assault? YES____ NO____

17. Has the Soldier received a citation for speeding (10 miles over the posted limit) or reckless driving in the past 6 months? YES____ NO____

18. Has the Soldier been cited for engaging in risky behavior while in a vehicle? YES____NO____ Has the Soldier been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under UCMJ? YES____ NO____

19. Does the Soldier drive a motorcycle? YES____ NO____ If SM answers yes, Ask SM 19a.

19a. IF YES, Does the Soldier have the required privately operated motorcycle (POM) training IAW AR 385-10 and post requirement? YES____ NO_____

20. Does the Soldier engage in any other potentially hazardous recreational activities while off-duty? YES____ NO____ (e.g., skydiving, riding all-terrain vehicles, rock climbing)

21. AR 190-11 requires all privately owned weapons that are brought onto military installations be properly registered with the Provost Marshall. Is the Soldier in compliance with the provisions of AR 190-11 as they apply to registration of privately owned weapons? YES____NO____ 21a. IF YES, Has the Soldier attended an approved fire arms safety class/course? YES____ NO____

22. Has the Soldier ever been involved in alcohol or drug related incidents (in the past 3 years) and/or tested positive on a urinalysis? YES____ NO____

23. Has the Soldier deployed to a location where there was hostile fire or they received hazardous duty pay? YES____ NO____

24. Has the Soldier experienced difficulty coping with a loss (e.g., death of close friend, family member or team member, loss of social support)? YES____ NO____

25. Has anyone (e.g., spouse, other family member, friends, fellow Soldier) expressed concern about the Soldier's behavior? YES____ NO____

26. Has the Soldier expressed any suicidal thoughts or actions, or expressed a desire to harm others? YES____ NO____

Soldier's Signature:_____ **Date:**_____

Counselor's Signature:_____ **Date:**_____

***(SM must use the back of this form to annotate the number of, and provide a corresponding explanation for, any questions that he/she answered with a "YES" response; SM will initial after each explanation. Supervisor must ALSO annotate any action taken (if any), to mitigate the potential risk for each explanation provided by SM on the reverse of this page.)

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)*

(If SM does not reveal or demonstrate signs of having any issues, problems, or concerns at the time of this counseling, then use the Plan of Action below. If SM DOES reveal or demonstrate signs of having any issues, problems, or concerns that the supervisor deems to be MODERATE or HIGH risk, leave the Plan of Action section below blank, and notify the Section/Department chain of command. They will immediately contact the unit Chain of Command and forward a copy of this completed counseling to the Co. . The unit COC and Dept./Section leadership will together, develop an appropriate plan of action for/with the SM.)

1. If I have a concern or issue, now or in the future or know a Soldier with a potentially serious problem or concern, I will contact / notify my Chain of Command or my NCO support channel to seek support, assistance or guidance.

2. I will use my NCO support channel or Chain of Command as well as the numerous available resources at my disposal as a U.S. service member, to assist myself now, and in the future, with any issues or concerns that I may have , before they become too overwhelming.

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. Continue to conduct individual Soldier/Leader risk assessments as necessary.
2. Display respect for subordinates by providing a safe, non-hostile work environment, the selfless service necessary to provide help when needed, & the integrity and moral courage to intervene on behalf of a member of the Army Family who may be at risk.
3. Contact/consult unit COC immediately for any SM determined to be a MODERATE or HIGH RISK! (provide unit COC w/ copy of completed counseling form) Plan of Action will be completed by Co. COC in coordination with Dept. or Service leadership.

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.