

DEVELOPMENTAL COUNSELING FORM
For use of this form, see ATP 6-22 .1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpccd.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

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/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

Event-Oriented Counseling: Your Student Loan Repayment Program (SLRP) Payment Request Packet is due **-OR-** is currently overdue.

SLRP payments are not automatic. You must submit a SLRP Payment Request Packet every year in order for your lender(s) to receive a payment. You may begin preparing your SLRP Payment Request Packet no earlier than 30 days prior to your contract anniversary date. Your loans are your responsibility and must remain in good standing. You are also required to remain in good standing in accordance with the agreement you signed.

Please see your LRP form Annex L NGB Form 600-7-5-R-E (contract) for any questions concerning payment amounts and eligibility criteria. During the counseling the addendum should be present; if it is not ask the counselor for a copy (check your iPERMs). You are locked into the eligibility rules present at the time you signed your contract.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

Select One Option Below:

- OPTION 1 -

_____: (Initial) - **I do not have any student loans that require a payment at this time.** I understand I am forfeiting my SLRP payment for FY _____ because I have no student loans that require a payment at this time. If I choose to take out loans in the future, they may be eligible for payment requests in subsequent FYs.

- OPTION 2 -

_____: (Initial) - **My loans are in default -OR- I have consolidated away from a federally insured student loan.** (Verify using studentaid.gov. If a loan's information isn't present it no longer qualifies.) I understand SLRP payments cannot be made to loans in default or private loans. I further understand this option forfeits my SLRP payment for FY _____, but does not change my service obligation. If I choose to take out additional loans in the future, they may be eligible for payment requests in subsequent FYs. If I chose this option because my loans are currently in default, I understand future payment requests may be submitted if I return my loans to good standing. ***** If any doubt exists on a loan's repayment eligibility, complete the packet and submit for review. It should take no more than an hour outside of drill to complete (Make sure your NSLDS (National Student Loan Data System)/FASFA PIN is known and the Internet is available.)**

- OPTION 3 -

_____: (Initial) - **I will submit an SLRP Payment Request Packet 30 days prior to my contract anniversary date of _____.** Selecting this option indicates I have loans in good standing and have not consolidated to a private loan (consolidation under federal programs is generally not an issue). I understand my lenders will not receive a payment until I complete the packet to standard. *The SLRP Payment Request Packet has been provided to me.* I further understand I must be eligible per my contractual agreement in order for my lender(s) to receive a payment.

-My Unit Readiness NCO must upload my completed SLRP Payment Request Packet through MS TEAMS: TXARNG Incentives TEAMS Loan Document Upload or through Sharepoint: TXARNG Incentives Sharepoint Loan Documents Upload.

- If I am eligible for previous years' payments, submitting **ONE** Payment Request Packet will result in my lenders receiving those payments.

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).

- OPTION 1 - & - OPTION 2 -

Unit Readiness NCO will upload a copy of this DA 4856 by *COB this week* through MS TEAMS: TXARNG Incentives TEAMS Loan Document Upload or through Sharepoint: TXARNG Incentives Sharepoint Loan Documents Upload.

- OPTION 3 -

Unit Readiness NCO will upload the completed SLRP Payment Request Packet by *COB this week* through MS TEAMS: TXARNG Incentives TEAMS Loan Document Upload or through Sharepoint: TXARNG Incentives Sharepoint Loan Documents Upload.

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 (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

The Counselor will provide the Soldier with the following:

1. A copy of this DA 4856.
2. The current SLRP Payment Request Instructions with checklist, found on MS TEAMS at TXARNG Incentives SLRP Payment Request Packet.
3. DD FORM 2475 with Section 1 completed & signed by the Counselor

The Counselor will provide a copy of this DA 4856 to the Unit Readiness NCO IOT track incentives KRIs.

Signature of Counselor:

Date (YYYYMMDD):

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.)

SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

Note: Both the counselor and the individual counseled should retain a record of the counseling.