

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.)

1. The Extension Interview per NGB-ARH Policy Memorandum #09-026; to discuss qualifications for extension, options, goals, decisions, and available incentives; to determine Soldier's extension eligibility and incentives for which he/she may be eligible.
2. Inform the Soldier that his/her eligibility for re-enlistment and/or incentives must be validated by the Readiness NCO (RNCO).
3. A single DA Form 4856 may be used for all six phases of counseling (365-day through 30-day)

<input type="checkbox"/> 365 days out FLL/URNCO	<input type="checkbox"/> 270 days out PSG/Section Ldr	<input type="checkbox"/> 180 days out CDR/ISG/URNCO	<input type="checkbox"/> 120 days out ISG	<input type="checkbox"/> 90 days out CDR	<input type="checkbox"/> 60 days out RRNCO	<input type="checkbox"/> 30 days out BSM/CSM
ETS:	Weight:	Time in Service (TIS) at current ETS: ___ yrs ___ mos				
PEBD:	DMOSQ: <input checked="" type="radio"/> Yes <input type="radio"/> No	Duty Posn Holder: Primary Excess				
Date Last APFT:	APFT: <input checked="" type="radio"/> Pass <input type="radio"/> Fail	APFT within 18 months of extension date: <input checked="" type="radio"/> Yes <input type="radio"/> No				

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Discuss current Select Reserve Incentive Program (SRIP) benefits (1-3 below). Must meet eligibility requirements. Must have valid APFT within 18 Months (M-Day) or 8 months (AGR/MILTEC) of document posting date. If extending for REB now, can re-enlist (for 6 years) for SLRP or MGIB Kicker. Cannot receive SLRP and REB together.

1. **Student Loan Repayment Program (SLRP).** 6 year extension for up to \$50,000 for qualifying Federal loans.
2. **Montgomery GI Bill (MGIB) Kicker.** 6 year extension pays \$200/mo during periods of enrollment.
3. **Re-enlistment/Extension Bonus (REB).** 2 or 6 year extension within one year of ETS.
 - E7 or below Must not exceed 13 years TIS (TIS is based on contract start date, not the date of signature).
 - 6 years (\$12,000) Pays 50% on first day after new contract start date, 50% at 4th year anniversary.
 - 2 years (\$4,000) Pays 100% on first day after new contract start date.
 - 1 period of AWOL will terminate bonus with RECOUPMENT.
 - 2 consecutive APFT or HT/WT failures will result in termination

Note any incentives received from enlistment or previous extensions. (check)

- | | | |
|---|---|---|
| <input type="checkbox"/> Montgomery GI Bill | <input type="checkbox"/> Reenlistment Bonus | <input type="checkbox"/> Non-Prior Service Enlistment Bonus |
| <input type="checkbox"/> Prior Service Enlistment Bonus | <input type="checkbox"/> Student Loan Repayment | <input type="checkbox"/> Affiliation Bonus |

Discuss Features of membership in the Army National Guard.

- | | | |
|---|----------------------------------|------------------|
| - Low cost life, health, and dental insurance | - 100% tuition reimbursement | - VA home loans |
| - Free health insurance at age 60 for Retirees (Tricare for Life) | - Student Loan Repayment Program | - MGIB Kicker |
| - Retirement income at age 60 (or earlier) | - Federal Tuition Assistance | - College grants |
| - Transferability of GI Bill benefits to family members | - Monthly/annual income | |
| - Free 24-hr tutoring for Soldier and family | - Thrift Savings Plan | |

Discuss Factors affecting decision to ETS vs. Extend. Address concerns.

- Family - Employment - Education - Leadership - Camaraderie - Esprit de corps - Training - Travel

Discuss the following regarding individual's career development.

- | | | | |
|---|--------------------------|---|------------------------------|
| - Assessment of leadership skills | - Leadership potential | - Potential for promotion | - APFT score |
| - MOS qualification/proficiency included: | - Promotion points | - Correspondence courses | - Other points of discussion |
| - NCO Professional Development courses | - Weapons qualifications | - Significance of NCO/E4 Evaluation Reports | |
| - Additional Duty Appointments | - Weight control | | |

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*))

1. If questions arise during counseling, contact the Brigade Strength Manager (BSM), Unit Career Counselor (UCC), or RNCO.
2. During 365-day counseling, Counselor selects 1 of 4 options below, enters the date of counseling, and takes associated action.
3. During subsequent phases of counseling:
 - a. If the Soldier's intent **has not changed**, then Counselor and Soldier sign in Part IV below
 - b. if Soldier's intent **has changed**, then Counselor selects new option below, enters date, and takes associated action.

Soldier will Extend current enlistment for _____ years (1, 2, 3, 4, 5, or 6) for the following SRIP incentive: _____ (REB, SLPR, MGIB)
Six year extension required for SLRP and MGIB Kicker

Date: _____ Counselor will enter number of years and SRIP above
 coordinate meeting between Soldier and URNCO to validate eligibility

Soldier would like to Extend however, is not eligible to extend without approved waiver due to flag or medical issue that precludes him/her from taking or passing an APFT: APFT flag Weight flag Adverse Action flag Medical issue
 APFT will not be valid within 18 months of proposed date of extension; date of next APFT: _____

Date: _____ Counselor will provide remarks here: _____
 enter specific details above and ensure immediate review of this form by URNCO

Soldier will ETS for the following reason(s): _____

Date: _____ Counselor will provide specific reasons on line above
 ensure concerns are fully discussed and addressed
 ensure immediate review of this form by the URNCO
 ensure Soldier completes the Exit Survey (Provided by URNCO)

Soldier is Undecided as of the following counseling session (Counselor initials corresponding counseling period below)
 ___ 365-day ___ 270-day ___ 180-day ___ 90-day ___ 60-day ___ 30-day (ensure completion of Exit Survey)

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.*)

- ensure URNCO receives the original copy of this signed form
- inform CDR, 1SG, PSG, and FLL of Soldier's current intent
- inform CDR and 1SG of positive and negative factors influencing Soldier's decision to extend or ETS
- ensure entries on this form are legible, accurate, and concise so that a third party can read and understand

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.*) Counselors print rank and last name, sign, and enter date. Soldier signs.

270-day Counselor: _____ Individual Counseled: _____ Date: _____

180-day Counselor: _____ Individual Counseled: _____ Date: _____

90-day Counselor: _____ Individual Counseled: _____ Date: _____

60-day Counselor: _____ Individual Counseled: _____ Date: _____

30-day Counselor: _____ Individual Counseled: _____ Date: _____

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