

**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 <i>(Last, First, MI)</i> Soldier's and NMA's name	Rank/Grade Input Soldier's rank	Date of Counseling Input date
Organization Input Organization name	Name and Title of Counselor Input name 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.)*

Termination of Non-Medical Attendant status

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

Per your Primary Care Manager, you no longer require the assistance of a Non-Medical Attendant (NMA) due to improvements in your overall health. We understand that transitioning to independent living is stressful, however, your PCM would not place you in a position that would cause you harm. The WTU cadre are here to assist in this transition. We also want to support the NMA as they prepare for departure. We can make an appointment for you and/or your NMA to meet with your Social Worker and NCM to help during this transition period so you (and your NMA) can gain confidence that you can take charge of your health care.

Your NMA will remain on orders until the end of the current set of NMA orders. Prior to the orders end date, you and your NMA must complete the following:

- 1) Meet with the Unit Finance Personnel or the DTS Specialist to complete required paperwork to complete the vouchers related to per diem expenses.
- 2) If the NMA will return to his/her home, meet with SFAC personnel to assist with transportation plans.

If the NMA is returning home, you (Soldier) may be required to transition to another lodging accommodation. If so, your Squad Leader will assist you in the move and orientation to new accommodations.

If the NMA chooses to remain on site, you may still be required to transition to another lodging accommodation. If so, your Squad Leader will assist you and the NMA in the move and orientation to the new accommodations.

As this change may impact your financial situation, you may meet with the financial planner in the SFAC to assist with future financial plans.

If you believe that you still require a NMA, you may appeal the PCM's decision. To do so, your Squad Leader will assist you in the completion of a DA Form 4187 requesting to appeal the NMA decision to the WTU's Surgeon or the MTF's Deputy Commander for Clinical Services. This should be completed within five days of the PCM's decision. You will receive a response within five days from the time the WTU Surgeon or the MTF's Deputy Commander for Clinical Services receives the DA Form 4187.

**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)

**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.)

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.**