

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	

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.)

Discussion of NMA Entitlements.

Note to user: This form should be individualized to the NMA's specific demographics. For example if the NMA is a non-military member, #1 should be removed. For the comment related to health care, please insert the local command's policy.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

As a Non-Medical Attendant on official military orders, you are entitled to the following:

1. If you are a Service member or a government employee, you are authorized TDY travel and transportation allowances.
2. If you are a family member or friend not affiliated with the military, you will be placed on Invitational Travel Orders (ITOs) with the following benefits:
 - a. One round trip ticket between your home and the location at which the Soldier is receiving treatment. If you purchased your own ticket, you are entitled to reimbursement (but reimbursement will not to exceed the cost of a government procured ticket).
 - b. If you drove to the Soldier's location and the location is not in the local area, you can be reimbursed for mileage incurred during your trip.
 - c. Other Trips. If you accompany the Soldier to another authorized treatment facility, you may be entitled to transportation or reimbursement for travel. Normally this reimbursement is for travel outside of the local commuting area.
 - d. Per Diem.
 - (1) While on ITOs, you are entitled to per diem allowance. Per diem allowance covers the cost of lodging, meals, and incidentals. Lodging and meal per diem rates are based upon location and have a pre-determined limits established by the Federal Government. However, if you live in the vicinity of the treatment facility or at the Soldier's duty station, you are not entitled to receive per diem allowances.
 - (2) Per diem allowances are not granted when you accompany the Soldier to non-therapeutic activity such as a recreational event. A therapeutic activity is an activity that is determined by a physician to be of medical benefit to the Soldier; a recreational event does not have required medical clearance. For example, if you were to attend an overnight event that is purely for fun (i.e. accompanying the Soldier on personal leave [military vacation]), you are not entitled to per diem for the time the Soldier is attending that activity. If you do accompany the Soldier on a recreational activity that is greater than 24 hours, you are required to inform the Defense Travel System (DTS) specialist as your per diem allowance will have to be adjusted. If you do not do this, you are at risk of an overpayment of per diem and the government is entitled to re-coup the funds paid.
 - (3) Per Diem is paid on a monthly basis directly to you via the DTS. It is normally deposited into your specified account. You will meet with the Unit's DTS Specialist to assist you in setting this up. You will need to provide your account number and bank routing number. Monthly reimbursement will continue until it is determined by the medical doctor that the NMA is no longer required at which point NMA orders will be terminated.
 - e. While on NMA orders, you may be entitled to military medical evaluation and care on a space available basis. Our local policy is: _____.

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. As the Non-Medical Attendant for (insert Soldier's name), this counseling has provided you with information regarding entitlements as a NMA. It is important that you understand your entitlements. They may not be exactly the same entitlements as another NMA in the same Warrior Transition Unit or Community Based Warrior Transition Unit.
2. Should you have any questions about your entitlements, please see the following personnel for assistance:
 - A. Squad Leader. Your Squad Leader's name and contact information are as follows:
Name: _____ Contact information: _____
 - B. Platoon Sergeant. Your Platoon Sergeant's name and contact information are as follows:
Name: _____ Contact information: _____
 - C. DTS Specialist. Your DTS Specialist's name and contact information are as follows:
Name: _____ Contact information: _____
3. Your Squad Leader has set up a meeting with you and the DTS Specialist on the following date/time: _____
4. The Commander has also appointed _____ as a NMA Coordinator. This individual will contact you about NMA Support Group meetings and will serve as a point of contact should you have any issues while on NMA orders. _____ contact information is: _____.

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. Squad Leader will ensure the you meet with the DTS Specialist as soon as possible.
2. The NMA Coordinator will ensure the you are aware of all NMA Support Group Meetings and keep in touch with you to ensure your concerns and/or issues are addressed.
3. The Commander will facilitate the unit's NMA Program to ensure NMA's are supported.

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.