

| <b>RECORD OF COUNSELING</b>   |  | DATE                         |
|---|--|------------------------------|
| <p><b>Privacy Act Statement</b><br/> <i>The authority for requesting the following information is contained in 10 USC 8012 and EO 9397. The data will be used to document quality force counseling actions not prescribed in other directives. When completed the form may or may not become a source document to support administrative separation. Data is also releasable to higher headquarters officials when used to support administrative separation or UCMJ actions.</i></p> <p><i>Completion of the form by a counselor is mandatory; however, disclosure of information or facts by the counselee is voluntary. Failure to disclose information or facts may not be in the counselee's best interest in the event administrative, disciplinary or separation action is subsequently deemed warranted by the counselee's commander.</i></p> |  |                              |
| <b>INDIVIDUAL COUSELLED (Last, First MI)</b>  | <b>RANK</b>  | <b>COMPANY/PLATOON/SQUAD</b> |
| <b>COUNSELLOR (Last, First MI)</b>  | <b>RANK</b>  | <b>BILLET</b>                |
| <b>REASON FOR COUNSELING</b>  |  |                              |
| <input type="checkbox"/> <b>PERFORMANCE</b><br><input type="checkbox"/> <b>PERSONAL BEHAVIOR</b><br><input type="checkbox"/> <b>OJT PROGRESS</b><br><input type="checkbox"/> <b>SUBSTANDARD DRESS/APPEARANCE</b>  | <input type="checkbox"/> <b>PRIVATE INDEBTEDNESS</b><br><input type="checkbox"/> <b>SUPPORT OF DEPENDENTS</b><br><input type="checkbox"/> <b>RESPONSIBILITIES</b><br><input type="checkbox"/> <b>OTHER (Specify)</b> |                              |
| <b>RESUMÉ OF REASONS WHICH CAUSED THE COUNSELING REQUIREMENTS. (Give details, facts, specific dates, names, sequence of events, etc.)</b><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>   |  |                              |
| <b>SOLUTION THAT YOU AND THE INDIVIDUAL DEVELOPED AND DISCUSSED TO OVERCOME THE PROBLEM(S) AND PRECLUDE FUTURE INVOLVEMENT. (Outline all solutions and indicate which one(s) individual freely elected)</b><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>   |  |                              |

**OTHER AGENCIES INDIVIDUAL WAS REFERRED TO (Personal Affairs, Social Actions, Chaplain, Legal Services; The counselor makes the appointment)**

**COUNSELEE'S COMMENTS**

**COUNSELEE'S SIGNATURE**

**COUNSELORS'S SIGNATURE**

**REMARKS/FOLLOW-UP ACTION. (Outline all efforts including dates, names, progress, et.)**

**KEY COUNSELING POINTS**

- *Counseling is performed to solve a problem or to fulfill a need. Determine interview objectives prior to meeting, review available records and arrange office seating for best results.*
- *Give the individual the facts, whether they are pleasant or unpleasant.*
- *Be a good listener—be fair.*
- *Refer individual to other base agencies for professional help. You don't have the answers to all of the problems.*
- *Follow up on referrals to base agencies to make certain that there is a continuity of action and that referrals are completed.*
- *Keep the individual's problem confidential.*
- *Help the person to grow in self-understanding.*

*DO NOT lose your self-control. The results could be disastrous.*

*DO NOT make promises you can't keep.*

*DO NOT make snap decisions.*

*DO NOT forget to document the counseling and have the counselee sign the counseling sheet.*