

**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 Duties and Responsibilities.

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

As a NMA, you have several responsibilities and duties that are important to the healing, recovery, and transition of the Soldier. Your primary responsibility is to provide personal support and assistance to the Soldier. In addition, your responsibilities include:

1. Escort the Soldier to and from medical and military appointments.
2. Assist Soldier with shopping.
3. Assist the Soldier to maintain an environment that facilitates healing, recovery, and transition.
4. Assist the Soldier to maintain an environment that minimizes hazards or dangers in his/her daily living environment.
5. Understand the medical care plan including medications, prescribed therapies, dietary needs, and exercise requirements. Assist with the implementation of the medical plan.
6. Serve as an advocate for the Soldier regarding medical care and administrative activities for the Soldier.
7. Motivate the Soldier to complete the medical care and transition plans.
8. Help establish the daily routine for the Soldier and participate with setting and meeting goals/expectations.
9. Assist the Soldier in the physical security of medications and pertinent medical equipment, records, and personal information.

Administratively, you will have the following duties:

1. Complete required DTS documents and/or travel vouchers as directed.
2. If the Soldier goes on a recreational trip that is greater than 24 hours, you must notify the DTS Specialist of the time period so that the per diem entitlements can be adjusted accordingly. If you do not notify the DTS Specialist, you may be at risk of overpayment and the recoupment of funds.
3. Along with Soldier, meet with the Squad Leader (SL) at least weekly & the Nurse Case Manager (NCM) at least twice per month.
4. Assist the Soldier to maintain an environment that is safe and positively impacts the Soldier's wellbeing.
5. Attend formations and Town Halls with the Soldier at least once per quarter.
6. Attend Family Readiness Group meetings at least once per quarter.
7. Meet with the Military Treatment Facility Ombudsman that works with the WTU within 30 days of arrival. If the Soldier is attached or assigned to a WTU, this meeting can occur via telephone communication.
8. Meet with the Soldier Family Assistance Center (SFAC) staff within 30 days of arrival, to outline required classes and receive an orientation brief.
9. You may may attend Transition Assistance Program(s), and Comprehensive Soldier and Family Fitness Programs with the Soldier.

**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. Your Squad Leader, \_\_\_\_\_(fill in SL's name)\_\_\_\_\_ will assist you with accomplishing your duties and responsibilities. If you are having any difficulties notify your Squad Leader immediately.
2. \_\_\_\_\_, the unit's NMA Coordinator will ensure you are aware of the unit's NMA Support Group Meetings. These meetings offer camaraderie of other NMAs, Families, and friends. Attending these meetings will offer information and support.
3. It is also important to care for your own well-being while supporting the Soldier. The following are steps you can take to maintain your resiliency.
  - A. Designate an emergency point of contact at your home to provide assistance while you are away. This person can help take care of things at your home, such as picking up the mail, or taking care of the house. If you need legal assistance to generate a power of attorney, \_\_\_\_\_(fill in SL's name)\_\_\_ will help set up a legal assistance appointment.
  - B. Contact friends and family to gain emotional support and assistance as needed. In addition, use the Soldier Family Assistance Centers to get assistance and support.
  - C. Talk with the NCM regarding Care for the Caregiver Training.
  - D. Access WTU Behavioral Health Care (Social Workers) as needed for support and help with gaining skills to manage stress and adjust to the new environment, Soldier expectations, and NMA resiliency.
  - E. Access WTU Behavioral Health Care (Social Workers) as needed for support and help with gaining skills to manage stress and adjust to the new environment, Soldier expectations, and NMA resiliency.

**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. Ensure the SL assists the NMA.
2. Ensure the NMA Support Group meetings are valuable and provide support to the NMAs.
3. Monitor NMA resiliency and provide assistance when needed.

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.**