**Individual Being Counseled:**

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK\_\_\_\_\_\_\_\_\_ DATE OF COUNSELING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME\_\_\_\_\_\_\_

COUNSELOR’S LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK \_\_\_\_\_\_\_\_\_ POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Counseling (Include leader’s facts/observations that led to this session.)**

**Summary of Counseling/Key Points of Discussion:**

**Plan of Action (What specific things will the subordinate do after the counseling session to reach agreed upon goals? What is the time line for implementation?**

**Individual Counseled:**

I agree or disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Both individual counseled and counselor should maintain a copy of this form.)