

Army Action Counseling Form

Counseling Overview:

- Counselor's Full Name: _____
- Soldier's Full Name: _____
- Date of Session: _____
- Reason for Counseling:
 - Misconduct
 - Underperformance
 - Behavioral Concerns
 - Other: _____

Details of Incident:

- Description of Incident:

- Impact on Unit:

Corrective Action Plan:

- Steps to Address the Issue:
 1. _____
 2. _____
 3. _____
- Support Offered by Counselor:

Table for Monitoring Progress:

Follow-up Action	Due Date	Status	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand the contents of this counseling session and agree to the outlined corrective actions.

Signatures:

- **Counselor's Signature:** _____
- **Soldier's Signature:** _____
- **Date:** _____