

Army Counseling Form PDF

Counseling Details:

- Counselor's Full Name: _____
- Date of Counseling: _____
- Soldier's Full Name: _____
- Rank and Unit: _____
- Reason for Counseling:
 - Performance Improvement
 - Behavioral Correction
 - Career Progression
 - Administrative Issues

Session Summary:

- Key Issues Discussed:

- Soldier's Response:

Action Plan:

- Immediate Actions Required:

- Long-term Goals:

Follow-up Date: _____

Signatures:

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