

# New Army Counseling Form

## General Information:

- Counselor's Name: \_\_\_\_\_
- Soldier's Name: \_\_\_\_\_
- Rank/Unit: \_\_\_\_\_
- Date of Counseling: \_\_\_\_\_
- Purpose of Counseling: \_\_\_\_\_

## Counseling Content:

- Identified Strengths:  
\_\_\_\_\_  
\_\_\_\_\_
- Areas for Improvement:  
\_\_\_\_\_  
\_\_\_\_\_

## Action Steps:

- Immediate Objectives:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
- Long-term Strategies:
  1. \_\_\_\_\_
  2. \_\_\_\_\_

## Follow-up Plan:

- Next Meeting Date: \_\_\_\_\_
- Expected Outcomes: \_\_\_\_\_

**Acknowledgment:**  I acknowledge receiving this counseling session and understand the contents discussed.

**Signatures:**

- **Counselor's Signature:** \_\_\_\_\_
- **Soldier's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_