

Army Initial Counseling Form

Soldier Information

Full Name: _____

Rank: _____

Unit: _____

Date of Counseling: _____

Purpose of Counseling

Purpose:

- Performance Review
- Professional Development
- Behavioral Concerns
- Other (Specify): _____

Key Topics Discussed

- Roles and Responsibilities:

- Performance Expectations:

- Standards of Conduct:

- Future Goals:

Counselor's Observations and Feedback

Action Plan

Immediate Actions Required: _____

Follow-Up Date: _____

Acknowledgment

I, _____ (Soldier's Name), understand the topics discussed and agree to the outlined action plan.

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

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