

# Initial Counseling Assessment Form

## Individual Information

Name: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

Date of Counseling: \_\_\_\_\_

## Assessment Purpose

- Initial Performance Review
- Behavioral Assessment
- Development Planning
- Other (Specify): \_\_\_\_\_

## Assessment Criteria

- Strengths Observed: \_\_\_\_\_
- Weaknesses Identified: \_\_\_\_\_
- Opportunities for Growth: \_\_\_\_\_

## Goals and Timeline

Immediate Goals: \_\_\_\_\_

Long-Term Objectives: \_\_\_\_\_

## Follow-Up Plan

Next Review Date: \_\_\_\_\_

## Acknowledgment

I, \_\_\_\_\_ (Name), confirm understanding of the assessment and agree to work towards the outlined goals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_