

# Soldier Initial Counseling Form

## Soldier Information

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

Rank: \_\_\_\_\_

Unit/Section: \_\_\_\_\_

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

## Counseling Focus

- Training Goals
- Leadership Development
- Behavior Adjustment
- Other (Specify): \_\_\_\_\_

## Key Discussion Points

1. Mission Readiness: \_\_\_\_\_
2. Professional Development: \_\_\_\_\_
3. Compliance with Standards: \_\_\_\_\_
4. Mentorship Opportunities: \_\_\_\_\_

## Proposed Action Steps

Step 1: \_\_\_\_\_

Step 2: \_\_\_\_\_

Step 3: \_\_\_\_\_

## Acknowledgment

I, \_\_\_\_\_ (Soldier's Name), agree to the discussed plans and commit to achieving the objectives.

Soldier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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