

GENERAL COUNSELING FORM

For use of this form, see AR 635-200; the proponent agency is MILPERCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

IDENTITY: 5 USC 301, 10 USC 3012(G). **PRINCIPAL PURPOSE:** To record counseling data pertaining to service members.
PERMITTED USES: Prerequisite counseling under paragraphs 5-8, 5-13, chapters 11, 13 or section III, chapter 14, AR 635-200. May also be used to document failures of rehabilitation efforts in administrative discharge proceedings.
CLOSURE: Disclosure is voluntary, but failure to provide the information may result in recording of a negative counseling session indicative of the subordinate's lack of a desire to solve his or her problems.

PART I - BASIC DATA

1. NAME (last, first, MI) LAKE, Michael J.	2. SOCIAL SECURITY NO. [REDACTED]	3. GRADE E-3	4. SEX M
5. UNIT 158th CS Det.	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING AUG 89	7. TRAINING SCORES HIGH _____ MED _____ LOW _____	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES	Performance			REMARKS
	Outstanding	Excellent	Average	
29 Aug 89 Monthly Counseling				
a. Appearance			<input checked="" type="checkbox"/> Below Average	Needs to work on Military Bearing.
b. Demonstrates Initiative, Motivation			<input checked="" type="checkbox"/> Below Average	Needs to assess priorities and keep busy.
c. Seeks Self-Improvement (Education)			<input checked="" type="checkbox"/> Below Average	Needs to try to work with experienced techs on bench.
d. Attains Results			<input checked="" type="checkbox"/> Below Average	Needs to work on jobs through completion. Gets distracted.
e. Displays Sense of Urgency			<input checked="" type="checkbox"/> Below Average	Never seems motivated. Along for the ride.
f. Maintains Equipment, Tools			<input checked="" type="checkbox"/> Below Average	No known problems.
g. Displays Sound Judgement			<input checked="" type="checkbox"/> Below Average	No known problems.
h. Mastery of Training Skills			<input checked="" type="checkbox"/> Below Average	Needs more field training.
i. MOS Skills			<input checked="" type="checkbox"/> Below Average	Needs more bench time.
j. Common Soldier skills			<input checked="" type="checkbox"/> Below Average	Needs more field training.
k. Works Well with Others			<input checked="" type="checkbox"/> Below Average	Seems intimidated by others.
l. Physically Fit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Below Average	Good condition, but could be improved.
m. Conduct on and off duty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Below Average	No known problems.
n. Military Courtesy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Below Average	Most Courteous in Section.
o. Maintains Room & Walllocker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Below Average	Needs to maintain it better over the weekend.

9. DATE AND SUMMARY OF COUNSELING 29 AUG 89

SM has little military experience out side of school situations. As he spends more time most of these items will improve. Needs to spend more time listening and less talking. SM should strive to improve both work and personal relationships with his peers. Has a tendency to try to impress others with irrelevant knowledge. Needs to learn that not everyone shares or appreciates his personal interests. Needs to try to take at least a passing interest in all things rather than constantly talk about his own interests. On the positive side, he has never given me serious cause for concern and is seeking professional help in most of the personal relations areas.

NOTHING FOLLOWS

DISPOSITION INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfer), separation at ETS, or upon retirement.

PT III - AUTHENTICATION

10. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

Hoyle Douglas A SSG/E-6 *[Signature]*

29 Aug 89

11. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I concur/nonconcur that information above accurately reflects this counseling session. I nonconcur for the following reasons: *[initials]*

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

Michael Lake, E-3, *[Signature]*

29 Aug 1989

13. IF COUNSELED INDIVIDUAL REFUSES TO SIGN COUNSELING NOTES, COUNSELOR WILL INITIAL THIS BLOCK.

PART IV - REHABILITATION

14. REHABILITATION RESULTS/COMMENTS

15. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

16. NAME, GRADE, SIGNATURE OF COUNSELOR

DATE

PART V - UNIT COMMANDER INTERVIEW

17. INTERVIEW RESULTS AND RECOMMENDATION

18. NAME, GRADE SIGNATURE OF UNIT COMMANDER

DATE