

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.
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 158 TH Maint. Det.	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING	7. TRAINING SCORES HIGH _____ MED _____ LOW _____	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES 20 JUNE 90 0545 hrs.

At the above date and time PFC Lake did fail to be present for the BV run formation.

At 0515 I specifically knocked on your door to insure that you were awake and ready to make the accountability formation. You answered Yes 3 times; Once to the knock on the door, once to my inquiry as to you being awake, and once to my inquiry as to you knowing about the 0545 formation at Dahl Gym. Your roommate, SPC Lockmiller, informs me that he heard both my knocking and questions and your answers. Satisfied that you were awake I then went to check on our other squad members and proceeded on to Dahl Gym.

At 0545 everyone in our squad, except you, was present at Dahl Gym.

9. DATE AND SUMMARY OF COUNSELING

You have no excuse. Falling back to sleep is a sign of poor discipline/poor sleeping habits. You have been verbally warned several times about being close to missing formations. In the past you have undergone corrective training for missed formation. Even though this is the first accountability formation you have missed with me as a squad leader I am recommending to the ISG that a summarized article 15 be imposed. Perhaps some minor UCMJ action may shock you into changing your sleeping habits so that there will be no chance of a future problem.

21 JUNE 90 I have counseled the soldier about my recommendation of UCMJ action for missing the BV run accountability formation. I have informed the soldier of his right to non-concur and submit extenuating circumstances and explanations.

DISPOSITION INSTRUCTIONS

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

10. NAME, GRADE, SIGNATURE OF COUNSELOR..

DATE

Ford, Donald M. E-5 *LDL m ML*

21 JUNE 90

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

I will concur that I should have had more initiative to correct the events that lead to me miss the PT formation. I have not missed a PT formation in the past. However, I nonconcur in that I lack discipline / sleeping habits. I had no problem with sleep until the Air Conditioning stopped and the temperature rose in the last few weeks. I have had minimum success in getting a reasonable amount of sleep. Indeed, because of a prescription medication I am taking, I can not take sleeping drugs without consulting my doctor. Or, I could have a toxic reaction and possibly die. The temperature in my room fell below 90°F only one day last week when watching two thermometers. In regards to SGT Ford's check, I only remember saying "yes" to someone in a dream-like state, and did not get out of bed.

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED

DATE

Lake, Michael J., E-3, *Michael J. Lake*

21 June 90

13. IF THE 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