

GENERAL COUNSELING FORM

For use in form, see AR 635-200; (the proponent agency is) ENCEN

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 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.
DISCLOSURE: 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 PFC	4. SEX M
5. UNIT 158th MAINT Det 53rd LGN	FOR TRAINING UNITS ONLY		
	6. WEEK OF TRAINING	7. TRAINING SCORES HIGH _____ MED _____ LOW _____	

PART II - OBSERVATIONS

8. DATE AND CIRCUMSTANCES 5 Sep '66. You were late for formation at a py (100). Your room was you were cleaning your room. I inspected your room and the following items noted. Wall locker had T150 thrown away where, top shelf had junk laying on the display. Dirty laundry was thrown all over in the wall locker. Equipment was left on and the tub was dirty. You also had to be told to brush your teeth. Your personal standards are reflected by the appearance of your car. That is not military nor this unit's standard. When asked about cleaning your tub, you said you did, not to check.

9. DATE AND SUMMARY OF COUNSELING 5 Sep 70

You have been counselled about these matters previously with just a short period of improvement. You have regressed and extra training has not shown you what the standards are and how to maintain them effectively. You will be shown how to put your laundry away and shower, how to clean the bath correctly again. And you will be recommended for a bar to reenlistment.

DISPOSITION INSTRUCTIONS

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

PART III - AUTHENTICATION

10. NAME, GRADE, SIGNATURE OF COUNSELOR
Michael A. Williams SFC David Williams

DATE
5 July 90

11. I acknowledge having been counseled by the above individual and understand the reason for this counseling action. I agree and concur that the information above accurately reflects this counseling action. I concur for the following reasons:
A statement of non-concurrence is being made. I cannot write a statement properly under duress.

12. NAME, GRADE, SIGNATURE OF INDIVIDUAL COUNSELED
Lake, Michael P. 1st Lt Michael P. Lake

DATE
9 July

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