**RECORD OF COUNSELING:**

**PRIVACY ACT STATEMENT:**

1. The authority for requesting the following information is contained in 10 USC 8012 and EO 9397. The data will be used to document quality force counseling actions not prescribed in other directives. When completed, the form may or may not become a source document to support administrative separation or UCMJ actions.

2. Completion of the form by a counselor is mandatory; however, disclosure of information or facts by the counselee is voluntary. Failure to disclose information or facts may not be in counselee’s best interests in the event administrative, disciplinary or separation action is subsequently deemed warranted by the counselee’s commander.

|  |  |  |  |
| --- | --- | --- | --- |
| COUNSELING FOR:  (Last, First, Middle Initial) |  | DATE/TIME:  (Record is Being Written) |  |
| GRADE/DIVISION: |  | SSN:  (Last 4) |  |
| COUNSELOR:  (Last, First, Middle Initial) |  | GRADE OF COUNSELOR: |  |

**REASON FOR COUNSELING:**

PERFORMANCE:

FINANCES:

PERSONAL BEHAVIOR:

RESPONSIBILITIES:

SUBSTANDARD DRESS/APPEARANCE:

ACADEMICS:

OTHER: (If other please specify below)

**1) SUMMARY OF ACTIONS INDICATIVE OF A COUNSELING: (Give details, facts, specific dates, names, sequence of events etc.)**

**2) SOLUTION COUNSELOR AND COUNSELEE DEVELOPED TO OVERCOME SIMILAR ACTIONS IN THE FUTURE: (Outline all solutions and indicate what solutions the counselee freely selected. Specify any EMI if given. Indicate times, names, dates and specific actions that will take place.)**

**Upon Approval of EMI: (Advisors Signature/Time; Date)**

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| --- | --- |
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**3) COUNSELEE’S COMMENTS: (Counselee’s point of view of situation, feelings towards counseling/EMI if applicable)**

**4) OTHER AGENCIES FOR COUNSELEE REFERRAL: (Personnel affairs, social actions, chaplains, legal counselors, etc. MUST HAVE A MINIMUM OF ONE RESOURCE)**

**5) SIGNATURES: (By signing, the below agree to all accusations made in the contents of this document and agree to abide by any obligations assigned to involved individual(s).)**

|  |  |  |  |
| --- | --- | --- | --- |
| COUNSELOR’S SIGNATURE: |  | DATE/TIME: |  |
| COUNSELEE’S SIGNATURE: |  | DATE/TIME: |  |

**6) COUNSELOR’S REMARKS/FOLLOW-UP COMMENTS AND ACTIONS: (Outline all efforts made by staff and counselee, indicating names, dates, times, progress etc. in regards to counseling form/EMI. This section is to be completed AFTER corrective action(s).)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF  FOLLOW-UP: | COMMENTS: (Hand written) | | |
|  |  | | |
| COUNSELOR  SIGNATURE: |  | DATE/TIME: |  |

**REVIEWED BY:**

BATTALION STAFF: (Print Last, First/Grade/Signature)

|  |  |  |  |
| --- | --- | --- | --- |
| BN SgtMaj: |  | DATE/TIME: |  |
| BNXO: |  | DATE/TIME: |  |
| BNCO: |  | DATE/TIME: |  |

**APPROVED BY:**

ACTIVE DUTY STAFF/STAFF ADVISOR: (Print Last, First/ Signature)

|  |  |  |
| --- | --- | --- |
|  | DATE/TIME: |  |