

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: ☒ Non Directive ☐ Combined ☐ Directive

Type of Counseling: ☒ General Form ☐ Professional Growth ☐ Performance ☐ Event Oriented

SUBJECT: Referral to the Physical Disability Evaluation System (PDES)

MAIN OBJECTIVES: Inform Soldier of their rights, responsibilities, expectations, and unit points of contact associated with the Soldier's referral to the PDES process. This process will determine whether a Service member will return to duty, medically separate, or be medically retired due to disability.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

It was found that you sustained an injury / illness / disease while in a qualifying duty status and that injury has reached a Medical Retention Decision Point (MRDP).

You are encouraged to maintain an active status with the HIARNG and should perform Inactive Duty for Training (IDT), and report to your place of duty when ordered to perform Annual Training (AT), Readiness Management Assemblies (RMA). Please be sure to stay within the limits of your profile.

This counseling also serves to inform HIARNG Soldiers facing referral to the PDES who already have a Department of Veterans Affairs (VA) disability rating about the availability of the Legacy Disability Evaluation System (LDES) processing as their current VA rating may be impacted if processed through the Integrated Disability Evaluation System (IDES) process. You have the right to receive consultation from an attorney assigned to the Office of Soldiers' Counsel (OSC) regarding the difference between the LDES and IDES, and the possible impact, if any, to their VA rating if processed through the IDES. You will be given the opportunity to seek out consultation with an attorney from the OSC and should occur prior to electing for the LDES or IDES process. Office of Soldiers' Counsel staff are both uniformed and civilian Department of the Army Personnel and represent individual Soldiers; they do not represent the command. Consultation with an attorney from OSC is at no cost to the Soldier. You have the right to consult with a non-OSC attorney or other advisor at your own expense within the same timeline.

Legal consultation can be obtained by contacting the Office of Soldiers' Counsel (Reserve Component Section) by email: usarmy.eisenhower.medcom-eamc.mbx.meb-counsel@health.mil

HIARNG POCs

Care Coordinator: _____, _____,ctr@army.mil, (808) _____

G1 Health Services Office
Health Services Specialist (808) 672-1503
Health Services NCO (808) 672-1504

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

_____ 1. I understand that I have been referred to the Physical Disability Evaluation System (PDES). I (circle one) [DO] / [DO NOT] have a current VA rating.

_____ 2. I must report to all medical appointments. I understand I am NOT AUTHORIZED to change, cancel, and/or reschedule my medical appointments. Failure to do so may result in the termination of my processing through the IDES and referral to a ND-PEB.

_____ 3. I will be assigned a PEBLO who will serve as my liaison through the IDES process.

_____ 4. I will keep my PEBLO and unit informed of all changes in personal circumstances, appointment conflicts, and administrative actions that may impact the completion of evaluation and/or transition.

_____ 5. I must comply with all written or verbal physician's orders, and instructions from my PEBLO.

_____ 6. I understand I must assist with providing required personnel and administrative data documentation and remit them NLT 10 days after requested.

_____ 7. I will begin my transition process immediately upon notification that the case has been approved with an unfit finding, returning all issued gear to my unit, completing all required administrative actions, and providing my unit with all documentation received by through the PDES process.

_____ 8. I will wear appropriate duty uniform as directed. The standard duty uniform is the Army Combat Uniform (ACU), and when reporting to physical or occupational therapy appointments, the Army Physical Fitness Uniform (APFU).

_____ 9. I will contact the above POCs listed if at any time I have any questions or concerns throughout this process.

Soldier elects (initial election):

_____ LDES (revokable at MTF within 5 days after PEBLO counseling)

_____ IDES

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

DATE (YYYYMMDD):

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor:

Date (YYYYMMDD):

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Note: Both the counselor and the individual counseled should retain a record of the counseling.

