

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.dod.mil/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

Events: Superior Performance R & I Counseling Promotion Crisis Referral Transition
 Substandard Performance Adverse Separation

Purpose of Counseling:

SUBJECT: Referral to Military Occupational Specialty (MOS) Medical Administrative Retention Review (MAR2) under Army Regulation 635-40, chapter 3

MAIN OBJECTIVES: Inform Soldier of their rights, responsibilities, expectations, and unit points of contact as related to the Soldier's referral to the MOS Medical Administrative Retention Review (MAR2) process

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

Key Point 1 - Subordinate and leader review referred agency(ies) for specified concerns or issues:

You have been diagnosed by a military medical provider with a medical condition that is not identified to be medically disqualifying, but has the potential to impact your ability to perform your Military Occupational Specialty (MOS) / Area of Concentration (AOC). As such, you are being referred to the MOS Medical Administrative Retention Review (MAR2) to determine if you are capable of performing your MOS/AOC in a worldwide environment.

At the conclusion of the MAR2, one of the following decisions will be rendered: retention in occupation, reclassification/branch transfer, or referral for physical disability evaluation (PDES).

For the duration of the MAR2, you will remain non-deployable. Additionally, you will be ineligible for an Inter-State transfer, reenlistment, and attendance at Army training schools.

You have the right to provide input to the process by submitting a Soldier's statement.

You have the right to appeal a MAR2 decision. Appeals must be made in writing and forwarded to the appropriate authority.

The point of contact for MAR2 inquiries and submissions is CPT Brandy Ledbetter, Health Services Specialist, crystal.k.rodrigues.mil@mail.mil or SGT Jonathan Ganir, Health Services NCO, jonathan.m.ganir.mil@army.mil

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).

Key Point 2 - Subordinate and leader determine plan of action with each referred agency(ies):

- ____ 1. I received a copy of my permanent profile dated _____.
- ____ 2. I understand that the MAR2 is an administrative review to determine whether I am capable of performing my MOS/AOC in a worldwide environment.
- ____ 3. I understand that the MAR2 will render one of the following decisions: retain in PMOS/AOC, reclassify, or refer to the Physical Disability Evaluation system (PDES).
- ____ 4. I understand that I am non-deployable until a determination is rendered.
- ____ 5. I understand that I am ineligible for Inter-State transfer, reenlistment, and attendance at Army training schools while a determination is pending.
- ____ 6. I understand that I have the right to provide input by submitting a Soldier's Statement.
 - ____ a. I will exercise my right to provide input and will submit a Soldier's Statement by the suspense date.
 - ____ b. I elect not to provide input and will not submit a Soldier's Statement.
- ____ 7. I understand that I have the right to appeal a MAR2 decision and must submit my appeal in writing to the appropriate authority.

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.)

Leader assists Soldier in coordinating assistance; ensures time for Soldier to attend services; Leader verifies quality of service and Soldier's needs are met:

| | |
|-------------------------|------------------|
| 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.)

Ensure supported agency(ies) are meeting the requirements of the plan of action, and the subordinate is as well.

SIGNATURES

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

| | | |
|------------|-----------------------|--------------------------------|
| Counselor: | Individual Counseled: | Date of Assessment (YYYYMMDD): |
|------------|-----------------------|--------------------------------|

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