

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

You have met a Medical Retention Decision Point (MRDP) IAW AR 40-501, identified as failing to meet the medical retention standards for continuation of military service and referred to the Non-Duty Related Physical Evaluation Board (NDR-PEB) process. This counseling is to inform you of your rights regarding the NDR-PEB Process.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

____ (Initial) I understand that I have been assigned a permanent profile of (PULES Code) _____.
The effective date of my permanent profile (DA 3349) is _____. Based on my permanent profile I have reached a MRDP.

____ (Initial) I understand that I am identified as failing to meet the medical retention standards for continuation of military service and referred to the Non-Duty Related Physical Evaluation Board (NDR-PEB) process.

____ (Initial) I understand that my (Specify the Permanent Profile on DA 3349) _____ is not in the line of duty.

I am being counseled on the NDR-PEB process and understand the following:

____ (Initial) The Hawaii Army National Guard (HIARNG) State Surgeon reviewed my medical records. I am identified as failing to meet the medical retention standards for continuation of military service IAW AR 40-501, Chapter 3. A copy of the permanent profile was issued on (Date of Profile on DA 3349) _____, referring me to an administrative review and processing through the NDR-PEB.

____ (Initial) I have four options for the disposition of my case:

1. I have less than 15 years of qualified years of service and request to be discharged from the HIARNG; waive my right to the NDR-PEB.
2. I have over 15 years but less than 20 years of qualified years of service and have not received a Notification for Retired pay at age 60. I can request to be discharged from the HIARNG for early retirement under 10 USC 1231b; waive my right to the NDR-PEB.
3. I have 20 years or more of qualified years of service. I can request to be discharged from the HIARNG for retirement under 10 USC 1231b; waive my right to the NDR-PEB.
4. I believe I can perform my military duties despite my medical condition and I elect to have my file reviewed by NDR-PEB for a fitness determination only. I will ensure that I have at least 1-year left on my contract to complete the NDR-PEB process. If I have less than one year left in service, I will work with my unit to request for an medical extension waiver to complete the NDR-PEB process.

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.

____ (Initial) I will complete the Disposition Election Memorandum and my unit will return it to the G1 Health Services office NLT 45 days from the date of my Official Notification Memorandum.

____ (Initial) If I intend to concur with separation from the HIARNG, my unit will submit my election and proceed with the discharge from the HIARNG in accordance with AR 135-178, paragraph 14-1k.

____ (Initial) If I intend to non-concur with separation from the HAIRNG. I have the right to request that my case be reviewed by the U.S. Army Physical Evaluation Board (PEB), IAW AR 635-40, paragraph 4-34. I will have to prepare and submit the required documents identified in the NDR-PEB Document Checklist to my unit. Submission of the required documents will not exceed 90 days from the date of my Official Notification Memorandum. Failure to respond will constitute a waiver of my rights unless an extension is requested and granted by the HSS. It will result in separation from service without additional notification in accordance with AR 135-178, paragraph 3-5.

____ (Initial) I understand that this is not intended to be punitive action. It is my responsibility to request and prepare the required documents for your NDR-PEB packet in accordance with DA PAM 635-40, paragraph 3-16. I must meet the processing timelines necessary for submission to the PEB for a final determination.

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).*

____ (Initial) I will continue to drill my unit to stay in good standing and perform military duties within the confines of my profile.

____ (Initial) I will keep my unit informed of any changes in my medical condition (either positive or negative) and will provide my unit will all documents they have or will ask for.

____ (Initial) I will continue to keep my unit informed of my current contact details (home address, personal phone number, civilian email, etc).

____ (Initial) I will inform my unit of all appointments in relation to my PEB process.

____ (Initial) I will complete the Disposition Election Memorandum NLT 45 days after the date of the Official Notification Memorandum.

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.)*

____ (Initial) I will properly inform the Soldier of the Official Notification Memorandum and their rights regarding the NDR-PEB process.

____ (Initial) I will forward the completed Disposition Election Memorandum and DA 4856 to HSS NLT 45 days after the date of the Official Notification Memorandum.

____ (Initial) If the Soldier to concurs with separation from the HIARNG; I will initiate the out-processing of the Soldier and complete the G1 Out-Processing Checklist.

____ (Initial) If the Soldier elects to have their case reviewed by the PEB; I will compile the required documents listed on the NDR-PEB Checklist, complete the NDR-PEB Demographics form and send the completed packet to BN S1 for review/processing NLT 90 days after the

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

date of the Official Notification Memorandum.

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.)*

SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

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