CADET DEVELOPMENTAL COUNSELING FORM

(This form is used to document feedback / counseling / mentoring sessions by Cadet supervisors to their subordinates)

PART I – ADMINISTRATIVE DATA

Name (Last, First MI.)	Platoon	Class	Date of Counseling

5. TRACK ☐ ARMY ☐ AIR FORCE ☐ CIVILIAN ☐ MARINE PLC	Name of Counselor	Title/Position of Counselor

PART II - BACKGROUND

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

PART III – SUMMARY OF COUNSELING
Complete this section during or immediately subsequent to counseling

Key Points of Discussion:

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)

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: _____

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

Signature of Counselor: _____ Date:_____

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

PART V – REVIEWER

NAME (Last, First MI.)	POSITION	Platoon	Class
SIGNATURE			