

RECORD OF MIDN COUNSELING		DATE
Reviewed by (Initial and Title): First Reviewer: _____ Second Reviewer: _____ Third Reviewer: _____ Company Executive Officer: _____ Class Advisor: _____		
NAME (Last, First, Middle Initial)	GRADE	
COMPANY/PLATOON/SQUAD	NAME/GRADE OF COUNSELOR	
REASON FOR COUNSELING <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> RESPONSIBILITIES <input type="checkbox"/> OJT PROGRESS <input type="checkbox"/> CAREER ADVANCEMENT <input type="checkbox"/> SUPPORT OF DEPENDENTS <input type="checkbox"/> PRIVATE INDEBTEDNESS <input type="checkbox"/> SUBSTANDARD APPEARANCE <input type="checkbox"/> PERSONAL BEHAVIOR <input type="checkbox"/> OTHER (Specify) _____		
REASONS WHICH CAUSED THE COUNSELING REQUIREMENT (Give facts, details, sequence of events, specific dates, etc.)		

PLAN (DEVELOPED BY THE MEMBER AND COUNSELOR) TO CONTINUE SUPERIOR PERFORMANCE OR TO OVERCOME PROBLEM(S) AND PRECLUDE FUTURE INVOLVEMENT

(Outline all resolutions discussed and indicate which actions the member has personally elected to pursue.)

[Empty space for writing the plan]

Signature of Counselor/Date

Signature of Member/Date

I do/do not desire to make a statement.

Signature of Member/Date