

# CADET COUNSELING FORM

RECORD OF CADET COUNSELING

DATE:

## PART I: ADMINISTRATIVE DATA

1. NAME (Last, First M

2. CWID:

3. UNIT:

4. CLASS  
4th

## PART 2: BACKGROUND INFORMATION

5. PURPOSE OF COUNSELING: *Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling and includes the leaders facts and observations prior to the counseling)*  
Initial Counseling

## PART 3: SUMMARY OF COUNSELING

6. KEY POINTS OF DISCUSSION:

Post Challenge week assessment and training plan.

Areas assessed: Wear of uniforms, physical training, Room arrangement, Drill, 4<sup>th</sup> class knowledge and procedures.

**Uniforms** (Duty, PT, Summer Leave, OCP, shower, Under Arms)

Strengths:

Weaknesses:

Retraining plan and opportunities:

**Physical Training**

Strengths:

Weaknesses:

Retraining plan and opportunities:

**Room Arrangement**

Strengths:

Weaknesses:

Retraining plan and opportunities:

**Drill**

Strengths:

Weaknesses:

Retraining plan and opportunities:

#### **4<sup>th</sup> Class Knowledge and Procedures**

Strengths:

Weaknesses:

Retraining plan and opportunities:

**7. 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 specific time line for implementation and assessment (Part IV below.)*

**8. 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  I disagree with the information above

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**9. LEADER RESPONSIBILITIES:** *Leader's responsibilities in implementing the plan of action.*

- The Chain of Command will continue to train, mentor, and counsel the Knobs performance as necessary.
- The Chain of Command will do their Duty to maintain the training environment to afford the Knob every opportunity to succeed.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV: ASSESSMENT OF THE PLAN OF ACTION

**10. 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.*

(When the plan of action is complete, use this area to explain the outcome. Did the Cadet successfully complete the plan of action? Has the Cadet's performance/attitude improved?)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

