

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)  
**PRINCIPAL:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade CADET	Social Security No.	Date of Counseling
Organization Army ROTC, _____		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

NON-SCHOLARSHIP CADET PRE-CONTRACTING COUNSELING IAW CC PAM 145-4

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

1. BY ACCEPTING THE TERMS OF THE ROTC CONTRACT, YOU PROMISE TO COMPLETE THE ROTC PROGRAM AND SERVE AS AN OFFICER IF AFFORDED AN APPOINTMENT. FAILURE TO COMPLETE THE PROGRAM AND ACCEPT AN APPOINTMENT, IF RESULTING FROM YOUR VOLUNTARY BREACH OF CONTRACT RENDERS YOU LIABLE, AT THE DISCRETION OF THE SECRETARY OF THE ARMY OR HIS DESIGNATED REPRESENTATIVE, TO BE ORDERED TO ACTIVE DUTY AS AN ENLISTED SOLDIER IN THE GRADE OF PRIVATE (E1) FOR TWO YEARS AS STATED IN STATUTE, DIRECTIVE, AND THE ROTC CONTRACT.
2. YOU AGREE TO DO THE FOLLOWING PER PART II, PARAGRAPH 2 OF THE ROTC CONTRACT:
  - a) ENLISTMENT AGREEMENT: IF YOU ARE NOT ALREADY AN ENLISTED SOLDIER IN THE ARMY NATIONAL GUARD OR ARMY RESERVE YOU MUST ENLIST IN THE USAR CONTROL GROUP (ROTC) TO JOIN ROTC.
  - b) ENROLLMENT AGREEMENT: YOU AGREE TO AGREE TO REMAIN ENROLLED IN SCHOOL AND COMPLETE THE ROTC PROGRAM AND ALL ROTC PROGRAM REQUIREMENTS AS A PRE-REQUISITE FOR COMMISSIONING.
  - c) FULL-TIME STUDENT AGREEMENT: YOU MUST TAKE 12 CREDIT HOURS EACH SEMESTER. THE REQUIRED ROTC CLASS AND LAB COUNT TOWARD FULL-TIME STATUS, BUT OTHER CLASSES ONLY COUNT IF THEY ALSO COUNT TOWARDS YOUR DEGREE. INDEPENDENT STUDY CLASSES DO NOT COUNT TOWARDS FULL-TIME STATUS. YOU MAY NOT TRANSFER TO ANOTHER SCHOOL, ROTC PROGRAM, OR JOIN ANOTHER MILITARY SERVICE WITHOUT APPROVAL FROM THE PROFESSOR OF MILITARY SCIENCE.
  - d) ACADEMIC GRADE POINT AVERAGE AGREEMENT: YOU MUST MAINTAIN A 2.0 SEMESTER GRADE POINT AVERAGE (GPA) AND A 2.0 CUMULATIVE GRADE POINT AVERAGE EACH SEMESTER WHILE IN ROTC.

(CONTINUED - SEE ATTACHED CONTINUATION SHEET)

### 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.

**CONTINUATION SHEET**

**PART III - SUMMARY OF COUNSELING (DA FORM 4856) NONSCHOLARSHIP  
CADET PRE-CONTRACTING COUNSELING**

e) ROTC COURSES GRADE POINT AGREEMENT: YOU MUST MAINTAIN A 2.0 SEMESTER ROTC GRADE POINT AVERAGE (GPA) AND A 2.0 CUMULATIVE GRADE POINT AVERAGE EACH SEMESTER WHILE IN ROTC.

f) MEDICAL AND FITNESS STANDARDS:

(1) YOU MUST MEET ACTIVE DUTY ARMY WEIGHT AND ARMY PHYSICAL FITNESS TEST STANDARDS TO CONTRACT AND MAINTAIN THOSE STANDARDS EACH YEAR (EACH SEMESTER) WHILE UNDER THE ROTC CONTRACT. FAILURE TO DO SO AFTER CONTRACTING CAN RESULT IN PROBATION, OR DISENROLLMENT.

3. YOU UNDERSTAND THAT YOU WILL BE PLACED ON ROTC PROBATION IF YOU VIOLATE THE AGREEMENTS IN PART II, PARAGRAPH 2 (b), (c), (d), (e), & f(1) OF THE ROTC CONTRACT. PROBATION IS CONSIDERED A WARNING THAT CONTINUED VIOLATION OF THE TERMS OF THE ROTC CONTRACT COULD RESULT IN DISENROLLMENT FROM THE ROTC PROGRAM.

4. YOU UNDERSTAND THAT PER PART II, PARAGRAPH 3c(1) OF THE ROTC CONTRACT THAT TERMINATION OF THE CONTRACT AT YOUR OWN REQUEST IS NOT AUTHORIZED. THE ROTC CONTRACT IS A LEGAL AND BINDING AGREEMENT, WHICH REQUIRES THE STUDENT TO FULFILL THE TERMS THEREIN.

5. YOU UNDERSTAND PER PART II, PARAGRAPH 4(a) OF THE ROTC CONTRACT THAT YOU WILL INCUR A MILITARY SERVICE OBLIGATION OF EIGHT (8) YEARS UPON APPOINTMENT AS A COMMISSIONED OFFICER AND CANNOT RESIGN SUCH APPOINTMENT BEFORE COMPLETION; HOWEVER, THIS OBLIGATION MAY BE MET IN A VARIETY OF WAYS AS OUTLINED IN PARAGRAPHS 4a(1), (2), (3), & (4) OF THE ROTC CONTRACT.

6. PER PART II, PARAGRAPH 9 OF THE ROTC CONTRACT YOU MUST ADVISE THE PROFESSOR OF MILITARY SCIENCE ABOUT ANY SIGNIFICANT CHANGES IN YOUR MEDICAL CONDITION, ANY ARRESTS BY CIVIL AUTHORITIES, OR ANYTHING THAT COULD AFFECT YOUR ELIGIBILITY TO BE RETAINED IN THE ROTC PROGRAM.

7. OTHER REQUIREMENTS:

- 1) YOU MUST COMPLETE ONE COURSE IN MILITARY HISTORY AS APPROVED BY THE PROFESSOR OF MILITARY SCIENCE TO COMMISSION. YOU WILL BE GIVEN A SEPARATE LETTER OUTLINING THIS REQUIREMENT.
- 2) YOU MUST GET APPROVAL BEFORE CHANGING YOUR ACADEMIC MAJOR FROM THE PROFESSOR OF MILITARY SCIENCE (THROUGH THE ROTC ADMIN OFFICE).
- 3) YOU MUST APPLY FOR A SECURITY CLEARANCE IF NECESSARY, AND OBTAIN SUCH PRIOR TO COMMISSIONING.
- 4) YOU MUST REPORT ANY CHANGE IN ADDRESS AND/OR PHONE NUMBER TO THE PROFESSOR OF MILITARY SCIENCE IN A TIMELY MANNER.

**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).)

**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.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

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