PUERTO RICO STATE GUARD DEVELOPMENTAL COUNSELING FORM

The information collected is for official use only and will not be released to unauthorized persons.

PRIVACY ACT STATEMENT

AUTHORITY: Military Code of Puerto Rico, Law No. 88 of August 8, 2023. PRSG Directive 15-100, Performance Management Program.

PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.

ROUTINE USES: The Blanket Routine uses apply to this collection. The Puerto Rico State Guard form 4856 is also available at http://prsg.us.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	Rank/Grade	Date of Counseling

Unit	Name and Title of Counselor

PART II - BACKGROUND INFORMATION

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

OTHER INSTRUCTIONS

This form will be destroyed upon reassignment *(other than rehabilitative transfers)*, separation or upon retirement.

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 timeline 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.