DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; 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.

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

ROUTINE USES: The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name *(Last, First, MI)*	Rank/Grade	Date of Counseling
ALL Soldiers	All Ranks	

Organization	Name and Title of Counselor
	CPT Iam Commander

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.)*

EVENT ORIENTED: MOTORCYCLE AND ATV COUNSELING

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Qualified motorcycle riders:

o If you own or operate a motorcycle, you are considered a High Interest Soldier. You will meet Army, 25th ID, and state requirements at all times. You will wear required Personal Pretective Equipment at all times. You will take extra precautions and receive a motorcycle operator risk assessment prior to going on pass, leave, and extended training holidays. You will pass a motorcycle safety inspection completed at BN level and ensure all required documentation is on file with the Co/TRP Motorcycle Mentor. All motorcycle riders are directed to have their motorcycles and required motorcycle certifications inspected NLT _____ by the CO/ TRP Senior Motorcycle Mentor prior to the upcoming weekend.

o Operating a motorcycle can be a very enjoyable experience. However safely riding a motorcycle requires a lot focus and attention from the operator at all times. Not only must you be aware of what you are doing but what the others around you may not see until the last possible second. It is critical that you aware of any other activities such as drinking, medications or the amount of sleep you have gotten may impact your ability to ride safely. Drinking while operating any type of motor vehicle is not recommended and operating any vehicle while outside the .08 BAC while in state of Hawaii or Schofield Barracks will result in Civil or Military Charges brought against you. Follow your doctors instructions and read the labels for any medications you are taking and consider whether they will hinder your abilities to ride. As with everything we do in the Army, you should have a battle buddy with you at all times, whether it be a fellow rider or following in a car in case you break down, weather conditions can make it unsafe to operate your motorcycle or get into an accident.

o You must at all times be in compliance with the 25th ID Motorcycle Policy when operating your bike. Failure to do so will result in UCMJ actions and if you were to get into an accident and found not in compliance you may also be found not in the line of duty and such as would responsible for all or some of the medical costs as the result of your accident. The policy exists to keep you and other Soldiers who operate motorcycles safe.

Non-qualified motorcycle operators:

o You will not operate any type of motorcycle or ATV from now until completetion of all pre-requisites laid out by 25th ID and AR 385-10. Failure to obey this order and policy will result in UCMJ action.

o Many of the safety measures that are taken with motorcycle riders are applicable to you as well. Wear of your PPE, i.e. your seatbelt while driving is common sense and the law on Schofield Barracks and in the State of Hawaii. Driving impaired or with a BAC above .08 is against the law and will negatively affect your career. Pay attention to your Doctors instructions and the labels on the medications you take as they may impair your abilities to preform everyday tasks effectively and safely. Always have a battle buddy with you and a back up plan to get home at night.

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.

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)*

As a non-qualified motorcycle operator:

1. I understand the contents of this counseling.
2. I will not at anytime operate a motorcycle until fully qualifed.
3. I will not at anytime operate a ATV (2, 4, or 6 wheeled) until fully qualilfied.
4. I will not at anytime operate a UTV (Side by Side off road Utility Vehicle) until fully qualified.

As a qualified motorcycle operater:

1. I will always follow the 25th ID Policy in regards to the operation of a Motorcyle
2. I will wear my PPE at all times when operating my motorcycle
3. I will make sure all my documentation is up to date with the CO/TRP Motorcycle Mentor

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.)*

o I will know and enforce all policies and regulations associated with safely riding a motorcycle
o I will ensure your PPE and motorcycle are inspected at a minimum quarterly
o I will ensure you are paired up with an experianced rider to better your skills as a rider

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.