



IDAHO NATIONAL GUARD
Record of Individual Counseling
FEDERAL TECHNICIANS



AUTHORITY: 5 U.S.C. 301, 5 U.S.C. 4302(a)(c)

PRINCIPAL PURPOSE: The purpose of this form is to document general counseling, performance-based counseling or disciplinary counseling

ROUTINE USE: Disclosure generally permitted under 5 U.S.C. 522a(b) of the Privacy Act

DISCLOSURE: Disclosure is voluntary

PART I: ADMINISTRATIVE DATA

Name (Last, First, MI)	Grade	Date of Counseling
Organization	Name and Title of Counselor	

PART II: PURPOSE OF COUNSELING

Purpose of Counseling *(Reason for the counseling: Performance/Professional or Event-Driven/Disciplinary, include all facts and observations)*

PART III: SUMMARY OF COUNSELING

Summary of Counseling *(Give details, facts, specific dates, times, names, sequence of events, etc.)*

PART III: 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: INDIVIDUAL RESPONSE

(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
Remarks:

Signature of Individual Counseled _____ Date: _____

PART V: COUNSELOR SIGNATURE

Signature of Counselor _____ Date: _____