



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: \_\_\_\_\_