

VTCC COUNSELING FORM

DATE: _____

NAME: _____ RANK ____ UNIT ____ CLASS ____
(Last) (First) (MI)

WITNESS TO COUNSELING:
(If appropriate/required)

REASON(S) FOR COUNSELING:

INDICATIONS THAT COUNSELING WAS NECESSARY:

IDENTITY OF INDIVIDUAL WHO RAISED ATTENTION TO THE SITUATION:

INDIVIDUAL'S THOUGHTS ABOUT REASON(S) FOR COUNSELING:

COUNSELOR'S REMARKS/RECOMMENDATIONS TO COUNSELEE:

ACTIONS AGREED UPON BY THE COUNSELOR & COUNSELEE:

TIMELINE FOR APPROPRIATE ACTION TO BE TAKEN:

DATE FOR FOLLOW-UP COUNSELING (If applicable): _____

COUNSELEE _____ DATE: _____
(signature)

COUNSELOR _____ DATE: _____
(signature)

If applicable, counseling forms should be forwarded up the chain of command for review, comment and supporting action. Sensitive information of the situation MUST BE safeguarded by all.

COMPANY COMMANDER _____ BATTALION COMMANDER _____

REGIMENTAL COMMANDER _____ DEP CMDT _____

COMMANDANT _____

VTCC COUNSELING FORM, JAN 06 Rev