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

Organization	Name and Title of Counselor
The U.S. Army Field Band	Pusztai, Jonathan D, Unit Safety Officer

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.)*

o Provide Command guidance for safety measures to be taken as a motorcycle operator.

o Reiterate / inform motorcycle rider of Department of the Army / Installation / MDW guidelines and policies to be followed as a motorcycle rider.

o Discuss requirements of AR 385-10 (The Army Safety and Occupational Health Program) dated 24 July 2023.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

The intent of this counseling is to ensure that all Soldiers, and leaders are aware of the regulations, procedures, and requirements that are mandated to mitigate the risk of being a motorcycle rider. This counseling is intended for all Soldiers and is to be maintained in their file.

It is the responsibility of all Soldiers, particularly leaders, to ensure that their fellow Soldiers are riding in accordance with Army regulations and state laws. To protect the welfare of riders, any witness of unsafe acts must be corrected on the spot or reported to the Soldiers first line supervisor.

AR 385-10 states that an approved Motorcycle Safety Foundation (MSF) course be completed prior to operation of a motorcycle. Information on the registration process for the required MSF training can be found on the TUSAFB Safety SharePoint. TUSAFB riders who have completed the Basic Riders Course (BRC) must attend the Advanced Rider Course (ARC) within 12 months of completing the BRC. The ARC certification is valid for five years. If ARC certification lapses, you must complete the BRC again.

Valid license with motorcycle endorsement, valid registration, insurance card, and MSF card must be in your possession whenever you operate your motorcycle. Personal Protective Equipment (PPE) must be worn whenever you operate your motorcycle. In accordance with AR 385-10, the mandated PPE for military personnel, on and off duty, on and off an installation is: DOT/FMVSS 218 approved helmet, impact or shatter resistant eye protection (windshield alone is not sufficient), proper footwear (sturdy, closed toe, over the ankle), long sleeve shirt, long pants, and full fingered gloves (or mittens). A brightly colored, outer, upper garment is recommended during the day and a reflective upper garment during limited visibility.

At all times, assess your skill level and the skill level of those that you are riding with. If the other riders are more skilled and experienced, do not attempt to keep up with them. Maintain cognizance of road conditions, obstacles, and possible hazards.

During each safety inspection (required semi-annually), the motorcycle must be checked by a supervisor/leader.

In addition to the above requirements you must also maintain a valid motorcycle insurance policy for your state. All above requirements must be met prior to riding any motorcycle, owned, rented, or borrowed. Certifications and safety requirements must be verified by owner prior to any lending of a motorcycle.

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)*

o Ensure that certification requirements are met and maintained.

o Ensure that proper PPE is worn at all times, on and off post.

o Have Privately Owned Motorcycle inspected by leadership at least semi-annually.

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.