## Sample Report CSM0330R



STUDENT COUNSELING REPORT

RECORD OF COUNSELING

CIN: A-551-0091 SUB RPPO INDOC

Authority to request the information in this form is derived from SUSC.301, Departmental Regulations. Purpose of this form is to provide the Division Officer with readily accessible data concerning personnel in his division. The information is used by the Division Officer to manage and administer his personnel and to take necessary actions regarding satisfactory or unsatisfactory performance. Disclosure of the following items of information is voluntary. The individual being counseled has the right to examine and copy this record of counseling; to review and discuss issues in order to resolve them; and to request amendments to, or modifications of this document. Any statement made can and will be used against him in a trial by court-martial.

_____(Signature of Individual being counseled)

COUNSELEE'S RATE/NAME: DT2 LAST NAME, FIRST
CURRENT CLASS: 19963501

COUNSELOR'S NAME: FIRST NAME, LAST
DATE: 10-JUN-96

1. REASON FOR COUNSELING.
PERFORMANCE.

2. DETAILED DESCRIPTION OF SITUATION AND CIRCUMSTANCES LEADING UP TO THIS SESSION. Student has 4 test failures in the course

3. COUNSELOR'S EVALUATION OF OBSERVED BEHAVIOR.
Student expressed concern about failure

4. SOLUTION/ACTION PLAN THAT COUNSELOR AND COUNSELEE DEVELOPED TO PROMOTE PROFESSIONAL AND/OR GROWTH IN THIS AREA.
Spend more time in extra study sessions at least 2 hrs daily.

5. OTHER AGENCIES INDIVIDUAL WAS REFERRED TO FOR COUNSELING/ASSISTANCE.
None

6. INDIVIDUAL'S RESPONSE TO THIS COUNSELING SESSION.
Agree to attend extra study for 2 hrs each day

_____ _____
COUNSELOR'S SIGNATURE COUNSELEE'S SIGNATURE

7. FOLLOW-UP INFORMATION.
None