# 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**

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| **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 |
|---|---|
| | |

**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.)*

Enrollment into Army Pregnancy Postpartum Physical Training (P3T)
Requirements for participation in P3T
P3T participant responsibilities
Unit responsibilities related to P3T
Requirements for release from P3T

**PART III - SUMMARY OF COUNSELING**

**Complete this section during or immediately subsequent to counseling.**

**Key Points of Discussion:**

You are enrolled in Army Pregnancy Postpartum Physical Training (P3T) in accordance with:
AR 350-1 Army Training Programs, Appendix G-9 (10 and 11); AR 40-501 Standards of Medical Fitness Chapter 7-9 Profiling pregnant Soldiers and 7-10 Postpartum profiles; Filed Manual 7-22, Army Physical Readiness Training, Chapter 4.21-25.
References and resources are available on CAC enabled AKO P3T website: https://www.us.army.mil/suite/page/693153
The purpose of P3T is for you! It is to assist you in maintaining basic physical fitness levels throughout your pregnancy and to improve your fitness during the 6 months after delivery, enhance your physical and emotional well-being and provide pregnancy related education. Your spirited participation will help make this program enjoyable and successful!

P3T times and locations may vary depending upon the time of year. Refer to your P3T training calendar and P3T OIC/NCOIC for details. This is your place of duty for physical training until you are released from P3T. In general,
Pregnancy Physical Training (PT) is held at Gaffney Fitness Center on Monday for pool PT from 0630-0730 and Murphy Field House on Tuesday, Wednesday, and Friday from 0630-0730.
Postpartum Physical Training (PT) is held at Murphy Field House on Monday, Tuesday, Wednesday and Friday from 0630-0700.
Pregnancy and Postpartum Education Classes are held at Kimbrough Ambulatory Care Center, Building T-2472 5th Street each Tuesday at 0700-0800

Duty uniform is the Army Physical Fitness Uniform with reflective belt until it becomes too small. The IPFU shirt may be worn untucked. You are authorized to wear a larger PT uniform size however you are not required to buy a larger PT uniform. You are authorized to wear equivalent civilian fitness attire. For pool PT you may wear a one piece swim suit or PT uniform; bring a pool towel and change of clothes. On Education Day, you may wear the ACU duty uniform. Bring a bottle of water to each PT session.

P3T is mandatory and unless a healthcare provider has documented that you are no longer to participate in the physical fitness sessions - for example due to high risk pregnancy, you must participate. Throughout the pregnancy you are required to attend the education sessions. Failure to attend any part of P3T may be subject to administrative action. Your attendance will be forwarded to your unit. If you are unable to attend, appropriate documentation is required, i.e. sick call or appointment slips, leave form, memorandum from commander. Mission related duties that preclude daily attendance require a commander memorandum to allow for participation in individual/remote P3T.

During convalescent leave you are encouraged to follow the At-Home Postpartum PT Program which includes a detailed schedule, a video and Soldier workbook to guide exercises on your own during convalescent leave. Postpartum PT begins at 6 weeks, or upon return to duty, and continues up to 6 months following delivery. P3T completion is: 180 days following the end of your pregnancy; OR you pass diagnostic APFT and height/weight standards AND a healthcare provider has released you AND your Company approves your return to unit PRT instead of P3T.

**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)*

P3T participant responsibilities are:
Provide the following documentation: DA 3349, pregnancy profile, last DA 705 and body fat worksheet if applicable, completed DA4700 supplemental medical form, DA 4856 signed unit enrollment counseling form, signed health care provider clearance memorandum (optional)
Report at least 10 minutes prior to every session, be accounted for by IT or EL,and participate in the P3T physical training and education sessions.
Inform the P3T OIC/NCOIC or trimester IT in writing of pending appointments, leaves, TDYs, duty obligations, CH 8, ETS, PCS, extended leave, change in pregnancy status, and delivery date prior to the day it occurs.
Notify the P3T NCOIC or trimester IT by close of business that day, if absent for PT without prior notification
Confirm that once enrolled in P3T, that P3T is the place of duty during PT hours and classroom hours, excluding alerts, and commands inspections, and that daily attendance will be reported to the unit.
Immediately inform the P3T Program OIC/NCOIC of any pregnancy related health concerns or changes in pregnancy profile, and provide copy of updated profile.
Immediately inform P3T NCOIC, IT or EL if at any time I feel unwell, begin cramping or having unusual discharge during the exercise session.

Due Date:
Local Emergency Contact Name:
Local Emergency Contact Phone:
Supervisor Name:
Supervisor Contact Email & Phone:

P3T NCOIC SSG Trotter, Jeffrey 301-821-0528, jeffrey.l.trotter3.mil@mail.mil
P3T Education Cordinatory - Tanya Chew, RN 301-677-8993, tanya.s.chew.civ@us.army.mil
P3T Senior Instructor/Trainer SSG Knudson, Nichole 208-405-9155, nicholeknudson@gmail.com

**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.)*

The Unit Commander and/or 1SG authorize the Soldier to participate in the P3T Program with daily accountability conducted by the P3T IT or EL and reported to the P3T OIC/NCOIC.
Unit Commander will schedule a date to provide Soldier with pregnancy counseling IAW AR 635-200.
The P3T OIC/NCOIC will ensure safe implementation of the program through trained IT and EL staff who conduct fitness and education classes IAW USAPHC TG255 series and in support of the Soldier throughout her pregnancy and postpartum months.

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.)*

Attendance at physical training sessions: daily/occasionally/rarely/exempt
Attendance at education classes: daily/occasionally/rarely/exempt

First Diagnostic APFT score _____; Height _____; Weight _____; Body Fat %_____
Midpoint Diagnostic APFT score _____; Height _____; Weight _____; Body Fat %_____
Final Diagnostic APFT score _____; Height _____; Weight _____; Body Fat %_____

Date disenrolled from P3T:
Reason for disenrollment:

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**