COUNSELING WORK SHEET

NAME: **RANK:** **SSN:**
MOS: **W/C:** **SNM'S SUPERVISOR:** .
DATE: .

PURPOSE FOR COUNSELING:
SUBJECTS DICUSSED:
RECOMMENDATIONS:
GOALS:
FOLLOW-UP ACTION / DATE:

IF PROS AND CONS WHERE TO BE GIVEN AT THIS TIME THEY WOULD BE

PRO . **CON** .

SIGNATURE OF MARINE COUNSELED: .

RANK/ NAME OF MARINE COUNSELOR: .

SIGNATURE OF MARINE COUSELOR: .