**PERFORMANCE COUNSELING SHEET**

Name: Company/Platoon: Date:

Insert Text Here

Insert Text Here

Insert Text Here

Type of Counseling: Academic Aptitude Physical Fitness

Number of times counseled for similar offense: Insert Text Here

Insert Text Here

Insert Text Here

Primary Counselor: Position:

Insert Text Here

Insert Text Here

Insert Text Here

Secondary Counselor (As required): Position:

Specific Reason for Counseling:

Counselor’s Statement:

Insert Text Here

Midshipman’s Statement:

Insert Text Here

Proposed Corrective Action:

Insert Text Here

Further Action Recommended:

None: Further counseling: Extra Military Instruction (1): AMOI Counseling:

MOI Counseling: Billet Removal (1): Probation (2): Disenrollment (2):

Notes: (1) Requires MOI approval; (2) Requires PNS approval

Secondary Counselor’s Statement (As required):

Midshipman’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Counselor’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing:

Platoon Sergeant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Platoon Commander: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company First Sergeant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Comander: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Battalion SgtMaj/CMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Battalion Commanding Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_