



1st Infantry Division & Fort Riley Pregnancy Postpartum Performance Training (P3T) Program



Pregnant Soldier Enrollment Packet

Required forms for enrollment into the 1ID P3T Program:

- Soldier Data Sheet
- DA Form 4856 - P3T Enrollment Counseling
(**MUST BE SIGNED BY COMPANY COMMANDER**)

ENROLLMENT:

Day: Every THURSDAY
Time: 0630
Location: IACH, 1st Floor, Room 1G100
Uniform: OCPs

Instructions:

On Thursday, bring completed Soldier Data Sheet and P3T DA 4856 Enrollment Counseling in a tri-fold file folder to Irwin Army Community Hospital (650 Huebner Road, Fort Riley, KS). **Packet WILL NOT be accepted if not submitted in a tri-fold folder.**

You will attend the Education Session starting at 0630 and then receive an orientation brief of P3T immediately following.

P3T meets every duty day during PT hours from 0630-0745

Schedule of Events:

Pregnant Soldiers	PT Sessions	Every Monday, Tuesday, Wednesday, & Friday	Whitside Fitness Center 684 Huebner Road, Fort Riley, KS 66442 2 nd Floor, Studio A
			Every Wednesday MAY through OCTOBER Soldiers will participate in Aquatic Therapy at Eyster Pool 6940 Warren Road, Fort Riley, KS 66442
	Education Session	Every Thursday	IACH 650 Huebner Road, Fort Riley, KS 1 st Floor, Room 1G100

For more information, please email 1ID P3T Admin at usarmy.riley.1-id.mbx.p3t@army.mil



Scan here for P3T Online Resources



Pregnant Soldier Data Sheet



BRIGADE: _____

Pregnant Soldier Information

LAST NAME:

FIRST NAME:

RANK:

DODID:

CELL PHONE #:

EMAIL ADDRESS (MIL):

EMAIL ADDRESS (CIVILIAN):

UNIT (CO/BTRY/TRP, BN):

BABY EXPECTED DUE DATE:

EMERGENCY CONTACT INFORMATION (SPOUSE/FAMILY)

Primary Emergency Contact (REQUIRED)

Last Name:

First Name:

Phone #:

Secondary Emergency Contact

Last Name:

First Name:

Phone #:



Pregnant Soldier Data Sheet



Unit Leadership Information

(A) FIRST LINE LEADER INFORMATION

Rank:

Position:

Last Name:

First Name:

Phone #:

Email:

(B) 1SG INFORMATION

Last Name:

First Name:

Phone #:

Email:

(C) CO/BTRY/TRP COMMANDER INFORMATION

Last Name:

First Name:

Phone #:

Email:

DEVELOPMENTAL COUNSELING FORM

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.

NOTE: For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

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/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)

Approach: Non Directive Combined Directive

Type of Counseling: General Form Professional Growth Performance Event Oriented

Enrollment into IID & Fort Riley Pregnancy Postpartum Performance Training (P3T) and participant responsibilities
Requirements for participation in P3T
P3T times and locations
Unit responsibilities related to P3T
P3T POC contact info
At-Home P3T during maternity leave
Requirements for release from P3T
BDE and Installation resources for pregnant and postpartum soldiers
Information on Family Care Plans IAW AR 600-20
Options for continued military service (IAW AR 635-200 / AR 600-8-24)

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points Discussion:

You are enrolled in IID and Fort Riley Pregnancy Postpartum Performance Training (P3T) Program in accordance with: AR 350-1 Army Training Programs; AR 40-501 Standards of Medical Fitness Chapter 7-9 Profiling pregnant Soldiers and 7-10 Postpartum profiles; Army Physical Readiness Training, Chapter 4.21-25, Field Manual 7-22 Holistic Health and Fitness, 12.40-12.51.

The purpose of P3T is to assist in maintaining the health and fitness levels of Soldiers during pregnancy and assist them in returning safely to physical activity postpartum supporting the Army Fitness Test (AFT) and Army Body Composition Program (ABCP), while optimizing readiness and lethality, increasing physical and non-physical performance, reduce injury rates, increase retention, and increase overall effectiveness of the total Army.

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 Whitside Fitness Center, 2nd Floor, Studio A on Monday, Tuesday, Wednesday, and Friday from 0630-0745 on duty days. Pregnant Education Classes are held at IACH, 1st Floor, Room 1G100 EVERY THURSDAY from 0630-0745.

Duty uniform for pregnant Soldiers is appropriate civilian workout attire and laced athletic shoes.

From the months of May – October, Pool PT is every Wednesday at Eyster Pool. You are expected to participate unless you have a medical profile excluding you from pool PT. For pool PT, you may wear a swimsuit, comfortable civilian attire, or PT uniform. You should bring a pool towel and change of clothes.

On Education Day, uniform is OCPs. You are required to bring a water source to PT and Education sessions.

P3T is mandatory unless a command exemption memo is signed by the BDE Commander, or a healthcare provider has documented that you are no longer to participate in P3T. Attendance at education sessions is required even if you are not physically cleared for exercise. 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, your chain of command should be notified. **15 unexcused absences will result in disenrollment from the program.**

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.

Mission related duties that preclude daily attendance require a memorandum signed by the BDE commander to allow for participation in individual/remote P3T.

During maternity leave you are encouraged to follow the At-Home Postpartum PT Exercise Guide which includes detailed schedules, weekly plans, and videos to direct your exercises during maternity leave. In general, postpartum PT begins at 19 weeks (time frame following convalescent and parental leave), or upon return to duty, and continues up to 6-12 months following delivery. You understand that completing a postpartum P3T counseling is required to participate in the Postpartum phase of the program.

P3T completion is 180-365 days following the end of your pregnancy; OR you pass diagnostic AFT AND a healthcare provider has released you AND your Company approves your return to unit PRT instead of P3T. The postpartum phase requires a separate enrollment counseling.

The installation offers several resources for pregnant and postpartum soldiers and families, to include: Armed Forces Wellness Center (AFWC), Family Advocacy Program (FAP), and the New Parent Support Program (NPSP).

BDE specific assets include: Spouse and Family Readiness Group (SFRG) and Marriage and Family Life Counselors (MFLC).

Your options for continued military service IAW AR 635-200, Chapter 8 for enlisted, or AR 600-8-24 for officers can be discussed with you at your request.

IAW AR 600-20, a Family Care Plan is required for single parents; dual-military couples with dependent Family members; married with custody or joint custody of children whose non-custodial biological or adoptive parent is not the current spouse of the Soldier, or who otherwise bears sole responsibility for the care of children under the age of 18 or others unable to care for themselves in the absence. If a Family Care Plan is required, the command team will assist with creating a realistic plan to support you and your family.

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 4856 signed unit enrollment counseling form. **(Initial)**
- 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. **(Initial)**
- Confirm that once enrolled in P3T, 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. **(Initial)**
- Immediately inform the P3T Program OIC/NCOIC of any pregnancy related health concerns or physical limitations. **(Initial)**
- Immediately inform P3T NCOIC, IT or EL if at any time feel unwell, begin cramping or having unusual discharge during the exercise session. **(Initial)**

weeks pregnant at enrollment:

Local Emergency Contact Name:

Supervisor Name:

Participant Enterprise Email:

Participant Unit and Work Address:

Expected Due Date:

Local Emergency Contact Phone:

Supervisor Contact Email & Phone:

Participant Work Phone:

Indicate Participation status: _____ Mandatory daily attendance _____ Exempt from daily PT

Exempt Due to: _____ Complicated Pregnancy _____ Injury/profile _____ Commander Exempt Due to Mission – related Duties

On a profile for something other than pregnancy: _____ YES _____ NO IF YES, is it Permanent or Temporary? _____ Permanent _____ Temporary

IF YES, what does profile prevents participant from doing?

Last record AFT total score _____ MDL score _____ HRP score _____ SDC score _____ PLK score _____ 2MR score _____

P3T NCOIC name and email: SFC Patrick Davis, patrick.a.davis52.mil@army.mil

P3T OIC name and email: 1LT LaCassidy Broadnax, lacassidy.d.broadnax.mil@army.mil

P3T Medical Expert name and email: Dr. Morgan Potter, morgan.l.potter3.civ@health.mil

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:

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

Signature of Individual Counseled:	DATE (YYYYMMDD):	
<p>Leader Responsibilities: <i>(Leader's responsibilities in implementing the plan of action.)</i></p> <p>The Unit Commander and/or 1SG authorize the Soldier to participate in P3T with daily accountability conducted by P3T Admin 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 and family care plan counseling IAW AR 600-20.</p> <p>The P3T OIC/NCOIC will ensure safe implementation of the program through trained PC and EL staff who conduct fitness and education classes FM 7-22 and in support of the Soldier throughout her pregnancy and postpartum months.</p> <p>Administer first RECORD AFT only 365 days after termination of pregnancy.</p>		
Signature of Counselor:	Date (YYYYMMDD):	
PART IV - ASSESSMENT OF THE PLAN OF ACTION		
<p>Assessment: <i>(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.)</i></p>		
<p>Attendance at physical training sessions: daily/weekly/monthly/exempt Attendance at education classes: weekly/monthly/exempt Did Soldier take a Chapter 8? _____ YES _____ NO</p> <p>Pre-pregnancy AFT/ACFT score _____ MDL score _____ SPT score _____ HRP score _____ SDC score _____ PLK score _____ 2MR score _____</p> <p>PASS or FAIL</p> <p>Date disenrolled from P3T: Reason for disenrollment:</p>		
SIGNATURES		
Counselor:	Individual Counseled:	Date of Assessment (YYYYMMDD):
Note: Both the counselor and the individual counseled should retain a record of the counseling.		