 **Annual Administrative Conference**

|  |  |  |  |
| --- | --- | --- | --- |
| School Counselor |  |  Year |  |

After a review of the school data, the following priorities were identified:

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Based on these priorities, the following goals were identified:

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| --- |
| **School Counseling Program Annual Goals** |
| **1** |  |
| **2** |  |

|  |
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| **School Counselor Use of Time** |
| A minimum of 80% of time is recommended for direct and indirect student services and 20% or less in program planning and school support. |
| **Use of Time from Previous School Year** |
| Direct Student Services | Indirect Student Services | Program Planning and School Support | Non-School-Counseling Duties |
| % | % | % | % |
| **Use-of-Time Plan for Current School Year** |
| Direct Student Services | Indirect Student Services | Program Planning and School Support | Non-Counseling Duties |
| % | % | % | % |

|  |
| --- |
| **Ratio and Caseload** |
| The recommended ratio is one school counselor per 250 students. |
| **Ratio** | One School Counselor | Per | \_\_\_\_  | Students |  |
| **Caseload defined by:** |  | Alpha Assigned:  | Last names beginning with: |  | to |  |
|  | Grade Level:  | Students in grades: |  |
|  | All Students in Building |
|  | Other: |  |

|  |
| --- |
| **Program Implementation Plan to Address Priorities** |

Attach the following documents for review and discussion during the conference:

* Classroom and Group Mindsets & Behaviors Action Plan
* Closing-the-Gap Action Plan
* Annual Calendar

# Advisory Council

The school counseling advisory council will meet to provide feedback and input on the school counseling program.

|  |  |
| --- | --- |
| Fall Meeting Date: |  |
| Spring Meeting Date: |  |
| Proposed Members: |  |

|  |
| --- |
| **Professional Development** |

I plan to participate in the following professional development based on annual student outcome goals and my School Counselor Professional Standards & Competencies
self-assessment.

|  |  |  |
| --- | --- | --- |
| Date(s) | Topic | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **School and District Committees and Professional Work** |
| Group | Time Commitment | School Counselor’s Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Budget Materials and Supplies**

|  |  |
| --- | --- |
| Annual budget: $ |  |

|  |  |
| --- | --- |
| Materials and supplies needed: |  |

# School Counselor Availability/Office Organization

The school counseling office will be open for students/parents/teachers

|  |  |  |  |
| --- | --- | --- | --- |
| from |  |  to |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My hours will be from |  |  to |  |  (if flexible scheduling is used). |

|  |  |  |  |
| --- | --- | --- | --- |
| The career center will be open from |  |  to |  |

# Role and Responsibilities of Other Staff and Volunteers

|  |  |
| --- | --- |
|  | School Counseling Department Assistant |
|  | Attendance Assistant/Clerk |
|  | Data Manager/Registrar |
|  | College and Career Center Assistant |
|  | Other Staff |
|  | Volunteers |
|  |  |
|  |  |
|  |  |
|  | School Counselor Signature |
|  | Administrative Signature |
|  | Date Signed |

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