 **Annual Administrative Conference**

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| **School Counselor:** |  | **Date:** |  |

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| **My WHY …** |
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**After a review of school data, the following priorities have been identified**:

**Data Reviewed:**

**Based on the priorities above, the following strategies have been identified:**

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| **School Counseling Program Annual Goals** |
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| **How do these goals align with specific Building SIP Goal(s):** |
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| **Check the Iowa Teaching Standard(s) addressed in this plan:** | |
|  | 1. Demonstrates ability to enhance academic performance and support for implementation of the school district’s student achievement goals. |
|  | 1. Demonstrates competence in content knowledge appropriate to the teaching position. |
|  | 1. Demonstrates competence in planning and preparing for instruction. |
|  | 1. Uses strategies to deliver instruction that meets the multiple learning needs of students. |
|  | 1. Uses a variety of methods to monitor student learning. |
|  | 1. Demonstrates competence in classroom management. |
|  | 1. Engages in professional growth. |
|  | 1. Fulfills professional responsibilities established by the school district. |

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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-School-Counseling Duties |
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| Program Implementation Plan to Address Priorities |
| Attach the following documents for review and discussion during the conference: |

# Advisory Council (RAMP) or Counseling Program Review with Staff

Purpose: To provide feedback and input on the school counseling program.

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

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| **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.](https://drive.google.com/file/d/1tl1I1GVuvNSvfiuBIGXlvyTNN6qrGz9a/view?usp=sharing)

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| **Date(s)** | **Expected Impact on Counselor Performance** | **Data Sources Used to Monitor Impact** |
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| **School and District Committees and Professional Work** | | |
| **Group** | **Time Commitment** | **School Counselor’s Role** |
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| **Budget Materials and Supplies** | |
| Annual Budget | $ |
| Materials and Supplies Needed |  |
| **Roles and Responsibilities of Other Staff and Volunteers** | |
| **Staff** | **Roles/Responsibilities** |
| School Counseling Department Assistant |  |
| Attendance Assistant/Clerk |  |
| Data Manager/Registrar |  |
| College and Career Center Assistant |  |
| Other Staff |  |
| Volunteers |  |

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| **Counselor’s Reflections:** |
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| **Administrator’s Comments:** |
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| **School Counselor Signature** |  |
| **Administrator Signature** |  |
| **Date Signed** |  |