 **Annual Administrative Conference**

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

|  |
| --- |
| **My WHY . . .** |
|  |

**After a review of school data, the following priorities have been identified**:

|  |
| --- |
|  |
|  |
|  |

**Data Reviewed:**

|  |
| --- |
|  |
|  |
|  |

**Based on the priorities above, the following goals were identified:**

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

|  |
| --- |
| How do these goals align with specific Building SIP Goal(s): |
|   |
| Check the Iowa Teaching Standard(s) addressed in this plan: |
|   | 1. Enhance Student Achievement |   | 4. Instructional Strategies |   | 7. Professional Growth |
|   | 2. Content Knowledge |   | 5. Monitoring Student Learning |   | 8. Professional Responsibilities |
|   | 3. Planning and Preparation |   | 6. Classroom Management |   |

#

|  |
| --- |
| **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 |
| % | % | % | % |

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

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

* [Classroom and Group Mindsets & Behaviors Action Plan](https://drive.google.com/open?id=1M2sjqJAXUjIvWRyGxu1Vj0YqcVUpMhGswnRPI2qw798)
* [Closing-the-Gap Action Plan](https://drive.google.com/open?id=14a-pj5vhe1w00aUc0OIuAVeNeV0x4lvv91dfijF9Czo)
* [Annual Calendar](https://drive.google.com/open?id=1ks9We4354DeDEqQvyrD3DImez5Xoumw9Qw1BScxzcfc)
* [Weekly Calendar](https://drive.google.com/open?id=18G6r6W-TKQg5a2Vtg6BJzQPpMg7eh9f_8JwCcW76QuA)

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

Purpose: 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)** | **Expected Impact on Counselor Performance** | **Data Sources Used to Monitor Impact** |
|  |  |  |
|  |  |  |
|  |  |  |

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

**Budget Materials and Supplies**

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

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

# Roles 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 |

#

|  |
| --- |
| **Counselor’s Reflections:** |
|     |

|  |
| --- |
| **Administrator’s Comments:** |
|  |

|  |  |
| --- | --- |
|  | School Counselor Signature |
|  | Administrator Signature |
|  | Date Signed |

#