**School Counseling Advisory Council   
Second Semester Minutes**

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| School: |  | Meeting Date: | |  |
| Meeting Start Time: |  | | | |
| Members Present/Stakeholder Position: |  | | | |
| 1. Annual Student Outcome Goal Plan Results | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| 1. Classroom Results Report | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| 1. Small Group Results Report | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| 1. Closing-the-Gap Results Report | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
|  | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
|  | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| Next Meeting Date/Time: |  | | | |