**School Counseling Advisory Council   
Second Semester Agenda**

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| School: |  | Meeting Date/Time: | |  |
| School Counseling Program Vision Statement: | | | | |
| School Counseling Program Mission Statement: | | | | |
| Annual Student Outcome Goals *(list all)*: | | | | |
| Agenda Items (at minimum) | | | School Counselor  Facilitating Discussion | |
| 1. Welcome & Introduction | | |  | |
| 1. Annual Student Outcome Goal Results Feedback/Discussion | | |  | |
| 1. Classroom Results Report Feedback/Discussion | | |  | |
| 1. Small Group Results Report Feedback/Discussion | | |  | |
| 1. Closing the Gap Results Report Feedback/Discussion | | |  | |
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| 1. Closure | | |  | |

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| The Next Meeting of the Advisory Council is planned for: |  |