**School Counseling Advisory Council   
First Semester Minutes**

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| School: |  | Meeting Date: | |  |
| Meeting Start Time: |  | | | |
| Members Present/Stakeholder Position: |  | | | |
| 1. School Data Summary | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| 1. Action Plans | | | | |
| Annual Student Outcome Goal Plan(s)  Minutes: | | | **Action Needed & Person Responsible** | |
| Classroom and Group Mindsets & Behaviors Action Plan  Minutes: | | | **Action Needed & Person Responsible** | |
| Closing-the-Gap Action Plan(s)  Minutes: | | | **Action Needed & Person Responsible** | |
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| Minutes: | | | **Action Needed & Person Responsible** | |
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| Minutes: | | | **Action Needed & Person Responsible** | |
|  | | | | |
| Minutes: | | | **Action Needed & Person Responsible** | |
| Next Meeting Date/Time: |  | | | |