**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
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| 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 PlanMinutes: | **Action Needed & Person Responsible** |
| Closing-the-Gap Action Plan(s)Minutes: | **Action Needed & Person Responsible** |
|  |
| Minutes: | **Action Needed & Person Responsible** |
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| Minutes: | **Action Needed & Person Responsible** |
|  |
| Minutes: | **Action Needed & Person Responsible** |
| Next Meeting Date/Time: |  |