**Purpose:**

This template helps school counselors  educate about and advocate for the school counseling program. It guides the formal discussion between school counselors and the principal and/or the administrator in charge of the school counseling program. School counselors explain the goals, activities and benefits of the school counseling program, increasing an administrator’s understanding and support of the school counseling program.

**Implementation Notes:**

* Hold the annual administrator conference within the first two months of the school year.
* Document notes from the annual administrator conference, indicating administrator response to conversation around achievement gap goal(s) and the connection to building goals, ASCA Student Standards delivery plan, use of time and the structure and activities of the school counseling department.
* Each school counselor completes a separate template.
* Use NA for any item that does not apply.

|  |  |
| --- | --- |
| **School Counselor:** | Yolanda Sanchez |
| **School Year:** | 2025-26 |

|  |
| --- |
| **School Counseling Program Plans** |

|  |
| --- |
| *Share these documents and discuss significant information with the principal and administrators in charge of the school counseling program.*   1. ASCA Student Standards Delivery Plan 2. Achievement Gap Plan |

|  |  |
| --- | --- |
| **Achievement Gap Goal(s)** | |
| *The following achievement gap goal(s) will be addressed (from Achievement Gap Plan).* | |
| **1** | By June of 2026 the fifteen Juniors taking an AP exam for the first time will increase the average AP exam score from 2.4 to 3.0 |
| **2** |  |

**EXAMPLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Counselor Use of Time** | | | | |
| ***Previous school year***  ***Average of two use-of-time 5-day calculators from previous year.*** | | | | |
| ***Recommended 80% or more*** | | ***20% or less*** | | **Non-school-counseling duties** |
| **Direct  student services** | **Indirect  student services** | **Program planning activities** | **Fair-share school support activities** |
| 59% | 12% | 16% | 8% | 5% |
| **Planned Use-of-Time Plan for Current Year**  ***Indicate your planned time allocations for this school year*** | | | | |
| ***Recommended 80% or more*** | | ***20% or less*** | | **Non-school-counseling duties** |
| **Direct  student services** | **Indirect  student services** | **Program planning activities** | **Fair-share school support activities** |
| 60% | 15% | 20% | 5% | 0% |

|  |
| --- |
| **Ratio and Caseload** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | *The American School* *Counselor Association’s recommended ratio is  one school counselor per 250 students (*[*1:250*](https://www.schoolcounselor.org/about-school-counseling/school-counselor-roles-ratios)*).* | | | | | | I am | | Full Time  Part Time | | | \_\_\_\_\_\_\_ students | | My Ratio | | 1:315 | | | | One school counselor | | | \_\_\_\_\_\_\_ students | | | **My Caseload** *(choose one)* | | | | | |  | **All Students**  *Number of students:* | | |  | |  | **Alpha** *Last names beginning with:* | | | A to G | |  | **Grade Level** *Students in grades:* | | |  | |  | **Other**  *Describe* | | |  | | |

|  |
| --- |
| **Advisory Council** |

|  |  |  |
| --- | --- | --- |
| *The school counseling advisory council will meet to provide*  *feedback and input on the school counseling program.* | | |
| First Semester Meeting Date: | Nov. 12, 2025 | |
| Second Semester Meeting Date: | May 17, 2026 | |
| Proposed Members: *(names and  member position)* | Name | Position |
| Alan Caldwell | Principal |
| Yolanda Sanchez | School Counselor |
| Lamar Gresham | School Counselor |
| Regina Bishop | School Counselor |
| Tara McArthur | Math Teacher |
|  | Bill Schmidt | ML Teacher |
|  | Pam Long | Parent of 11th grader |
|  | Clifton James | Parent of 9th grader |
|  | Claudia Camberos | Community Member – HR Director at Kieffer Co. |

|  |
| --- |
| **Professional Development** |

|  |  |  |
| --- | --- | --- |
| *I plan to participate in the following professional development based on  my professional needs and/or professional standards from the  ASCA School Counselor Professional Standards & Competencies check list.* | | |
| **Date(s)** | **Topic** | **Cost** |
| Oct. 15-17, 2025 | Attending the state school counselor association conference to learn about best practice | $350 |
| Jan.-May, 2026 | Enrolled in ASCA U Closing the Achievement Gap Specialist course | $99\* |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **School, District, State and National Committees and Professional Work** | | |
| **Group** | **My Role** | **Timeframe** |
| MTSS Tier 2 Intervention Team | Team member | 25-26 school year, twice a month |
| Building Consultation Team | Team member | 25-26 school year, weekly |
| District Mental Health Committee | Committee member representing the school counselors | 25-26 school year, 1 per quarter |
| Regional Youth Apprenticeship committee | Provide school counselor perspective and feedback to the YA program | 25-26 school year, 1per semester |
| State School Counselor Association Recognition Committee | Chair of the committee | 25-26 school year |

|  |  |  |  |
| --- | --- | --- | --- |
| **Local, State and National Presentations** | | | |
| List any presentations you plan to make to local, state or national events below. | | | |
| **Audience** | **Title of Presentation** | **Date** | |
| State school counselors at state conference | “Effective Connections with Families of Students of Color” | Oct. 16, 2025 | |
| High school staff at our beginning of the year staff meeting | Suicide Prevention and Intervention protocols for our building (fulfills state requirement to cover these annually) | Sept. 7, 2025 | |

| **Budget Materials and Supplies** |
| --- |

|  |  |
| --- | --- |
| Materials and supplies needed: | Updated professional resources for ASCA Model 5.0   * ASCA Model Step by Step Guide (3 needed at $49.95 ea.)   ASCA U training cost (\*$99 for ASCA member, or $249 for non-member)  ASCA Annual Membership (3 memberships at $129 ea.) |
| Annual budget: | $650 |

| **School Counselor Availability/Office Organization** |
| --- |

|  |  |
| --- | --- |
| The school counseling office will be open for students/parents/teachers from: | 7:30am to 3:30pm (if flexible scheduling is used) |
| My hours will be: | 7am to 3:30pm (if flexible scheduling is used) |
| The career center will be open from: | N/A to N/A |

| **Other Staff and Volunteers** |
| --- |

Choose all that apply.

|  |  |
| --- | --- |
| **Role/Responsibility** | **Person Assigned (no signature required) or NA** |

|  |  |
| --- | --- |
| School Counseling Department Assistant | Linda Rebolledo |
| Attendance Assistant/Clerk | N/A |
| Data Manager/ Registrar | Sara Smithwick |
| College and Career Center Assistant | N/A |
| Other Staff | N/A |
|  |  |
|  |  |
| Volunteers | N/A |
|  |  |
|  |  |

| Signatures of School Counselor and Principal |
| --- |

|  |  |
| --- | --- |
| *Document is signed within the first two months of school.* | |
| **Printed Name** | **Signature** (in blue or black ink) |

|  |  |
| --- | --- |
| School Counselor: |  |
| Yolanda Sanchez |
| Principal: |  |
| Alan Caldwell |
| Administrator in charge of the school counseling program:  (if different from principal) |  |
|  |

|  |  |
| --- | --- |
| First Day of School | Sept. 4, 2025 |
| Date of Conference | Oct. 1, 2025 |

# Minutes from Administrator Conference

| **Summary of discussion and decisions from the administrator conference** |
| --- |
| Document notes from the annual administrator conference, indicating administrator response to conversation around achievement gap goal(s) and the connection to building goals, ASCA Student Standards delivery plan, use of time, and the structure and activities of the school counseling department. |
| Mr. Caldwell (Principal) expressed his excitement that the achievement gap goal was directly connected to one of the School Improvement Plan goals.  When we shared the ASCA Student Standards Delivery Plan, Mr. Caldwell stated that he was not familiar with all the standards. Our department suggested that we meet again this fall to specifically discuss the standards to improve his understanding.  There was some good conversation regarding our use of time, specifically the desire to reduce non-school-counseling duties to 0%. Mr. Caldwell wasn’t sure if he had the resources to allocate to the current non-school-counseling duties, but he was fairly adamant that this would not occur this school year as he had already allocated all of his resources for the year. Our department suggested that we meet again in late winter to further discuss.  At the end of the conference, Mr. Caldwell shared that he was very grateful for the detail that we provided in our Annual Administrator Conference templates. He asked to have a copy of each so that he could refer to them throughout the school year. He also suggested that we have a mid-year meeting to share the progress being made. |

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

|  |  |
| --- | --- |
| **School Counseling Program Plans** | |
| *Share these documents and discuss significant information with the principal and administrators in charge of the school counseling program.*   1. ASCA Student Standards Delivery Plan 2. Achievement Gap Plan |

|  |  |
| --- | --- |
| **Achievement Gap Goal(s)** | |
| *The following achievement gap goal(s) will be addressed (from Achievement Gap Plan).* | |
| **1** |  |
| **2** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Counselor Use of Time** | | | | |
| ***Previous school year***  ***Average of two use-of-time 5-day calculators from previous year.*** | | | | |
| ***Recommended 80% or more*** | | ***20% or less*** | | **Non-school-counseling duties** |
| **Direct  student services** | **Indirect  student services** | **Program planning activities** | **Fair-share school support activities** |
| % | % | % | % | % |
| **Planned Use-of-Time Plan for Current Year**  ***Indicate your planned time allocations for this school year*** | | | | |
| ***Recommended 80% or more*** | | ***20% or less*** | | **Non-school-counseling duties** |
| **Direct  student services** | **Indirect  student services** | **Program planning activities** | **Fair-share school support activities** |
| % | % | % | % | % |

|  |
| --- |
| **Ratio and Caseload** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | *The American School Counselor Association’s recommended ratio is  one school counselor per 250 students (*[*1:250*](https://www.schoolcounselor.org/about-school-counseling/school-counselor-roles-ratios)*).* | | | | | | I am | | Full Time  Part Time | | | \_\_\_\_\_\_\_ students | | My Ratio | |  | | | | One school counselor | | | \_\_\_\_\_\_\_ students | | | **My Caseload** *(choose one)* | | | | | |  | **All Students**  *Number of students:* | | |  | |  | **Alpha** *Last names beginning with:* | | | to | |  | **Grade Level** *Students in grades:* | | |  | |  | **Other**  *Describe* | | |  | | |

|  |  |  |
| --- | --- | --- |
| **Advisory Council** | | |
| *The school counseling advisory council will meet to provide*  *feedback and input on the school counseling program.* | | |
| First Semester Meeting Date: |  | |
| Second Semester Meeting Date: |  | |
| Proposed Members: *(names and  member position)* | Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Professional Development** | | |
| *I plan to participate in the following professional development based on  my professional needs and/or professional standards from the  ASCA School Counselor Professional Standards & Competencies check list.* | | |
| **Date(s)** | **Topic** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **School, District, State and National Committees and Professional Work** | | |
| **Group** | **My Role** | **Timeframe** |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Local, State and National Presentations** | | | |
| List any presentations you make to local, state or national events below. | | | |
| **Audience** | **Title of Presentation** | **Date** | |
|  |  |  | |
|  |  |  | |

| **Budget Materials and Supplies** | |
| --- | --- |
| Materials and supplies needed: |  |
| Annual budget: | $ |

| **School Counselor Availability/Office Organization** | |
| --- | --- |
| The school counseling office will be open for students/parents/teachers from: | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ (if flexible scheduling is used) |
| My hours will be: | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ (if flexible scheduling is used) |
| The career center will be open from: | \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ |

| **Other Staff and Volunteers** |
| --- |

Choose all that apply.

|  |  |
| --- | --- |
| **Role/Responsibility** | **Person Assigned (no signature required) or NA** |

|  |  |
| --- | --- |
| School Counseling Department Assistant |  |
| Attendance Assistant/Clerk |  |
| Data Manager/ Registrar |  |
| College and Career Center Assistant |  |
| Other Staff |  |
|  |  |
|  |  |
| Volunteers |  |
|  |  |
|  |  |
|  |  |

| **Signatures of School Counselor and Principal** | | | | |
| --- | --- | --- | --- | --- |
| *must be within the first two months of school.* | | |
| Printed Name | Signature (in blue or black ink) | |
| *School Counselor:* | |  | |
|  | |
| *Principal:* | |  | |
|  | |
| *Administrator in charge of the school counseling program:* (if different from principal) | |  | |
|  | |
| First Day of School | |  | |
| Date of Conference | |  | |

# Minutes from Administrator Conference

| **Summary of discussion and decisions from the administrator conference** |
| --- |
|  |