**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: |  |