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| **School Counselor Improvement Plan****(Initial Conference)** |
|  Improvement Plan for |  |  |  |  |  |  |  |  |  |
|  | Name |  | Date |  | School |  | Subject |  | Academic Year |
| Identify Indicator: |  |  |  |
|  | Standard Number and Name |  | Quality Indicator Number and Name |
| Rationale: Describe why the improvement on the indicator is required |  |
|  |  |
| 1. **IMPROVEMENT TARGET**

*Describe specifically the improvement required based on the performance indicator referenced above.*  | 1. **SPECIFIC STRATEGIES**

*Create a goal statement addressing the IMPROVEMENT TARGET. The goal statement should include essential, measurable qualities.* |
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| 1. **BENCHMARKS AND TIMELINES**

*Describe the specific benchmarks and/or relevant timelines that will demonstrate growth or completion of the improvement target.*  | 1. **MEASURES**

*Describe the measures providing evidence that the improvement target has been accomplished or adequately addressed.*  |
|  |  |
| Initial evaluation signatures (counselor signature indicates knowledge of the report, not necessarily agreement) |
|  |  |  |  |  |  |  |
| Signature of School Counselor |  | Date |  | Signature of Evaluator |  | Date |

**School Counselor Improvement Plan**

**(Follow-up Observation and Conference)**

**Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NOTES ON PROGRESS***Using the timeline set during the Initial Evaluation, determine progress to date towards achieving each benchmark and accomplishing improvement targets.* |
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Follow-up Meeting Signatures (counselor signature indicates knowledge of the report, not necessarily agreement)

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 Signature of Counselor Date Signature of Evaluator Date