

Small Group Counseling Title/Theme: Personal Planning

Grade Level(s): 9-12

Small Group Counseling Description: This group will consist of students who need assistance in developing and/or revising their personal plan of study.

Number of Sessions in Group: 2 Sessions plus an Optional Follow Up Session

Session Titles/Materials:

Session # 1: Develop or Revise Personal Plan of Study

Materials needed:

[Small Group Counseling Guidelines](#)

Personal Plan of Study

Copy of Graduation Requirements

Course Booklet

Copy of a Transcript

Session # 2: Completion of Personal Plan of Study

Materials needed:

Signed Personal Plans of Study

Course Booklets

Optional [Follow-up Session](#) (to be held 4-6 weeks after last group session)

Materials Needed:

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: Complete the [Follow-Up Feedback Form for Students](#) (attached to Optional Follow-up Session Plan). Discuss after completing.

Missouri Comprehensive Guidance Standard:

CD.7: Applying Career Exploration and Planning Skills in the Achievement of Life Career Goals

Grade Level Expectation (GLE) Concept(s):

CD.7.A. Integration of Self-knowledge into Life and Career Plans

American School Counselor Association National Standard (ASCA):

Career Development

C1: Acquire Knowledge to Achieve Career Goals

Show-Me Standards: Performance Goals (check one or more that apply)

X	Goal 1: gather, analyze and apply information and ideas
	Goal 2: communicate effectively within and beyond the classroom
X	Goal 3: recognize and solve problems
X	Goal 4: make decisions and act as responsible members of society

Outcome Assessment (acceptable evidence):

Summative assessment relates to the performance outcome for goals, objectives and (GLE) concepts. Assessment can be survey, whip around, etc.

Students will have a completed Personal Plan of Study.

[Teacher Pre-Post Group Individual Student Behavior Rating Form](#)

[Teacher Feedback Form: Overall Effectiveness of Group](#)

[Request for Feedback from Parents/Guardians \(Cover Letter\)](#)

[Parent/Guardian Feedback Form: Overall Effectiveness of Group](#)

[Student Feedback Form: Overall Effectiveness of Group](#)

Follow Up Ideas & Activities

Implemented by counselor, administrators, teachers, parents, community partnerships

Yearly monitoring and revision of personal plans of study.

Note to Professional School Counselor: *The classroom teacher will complete Part 1 of this form before students begin their small group sessions. The teacher will complete Part 2 of this form after the group ends. This process will provide the school counselor with follow up feedback about individual students who participated in the group.*

**SMALL GROUP COUNSELING
 TEACHER PRE-POST-GROUP PERCEPTIONS
 Individual Student Behavior Rating Form
 (Adapted from Columbia Public Schools' Student Behavior Rating Form)**

STUDENT _____ GRADE _____ TEACHER _____

DATE: Pre-Group Assessment _____ Date: Post-Group Assessment _____

Part 1 - Please indicate rating of pre-group areas of concern in the left hand column.

Part 2 - Please indicate rating of post-group areas of concern in the right hand column.

Pre-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW)	Student Work Habits/Personal Goals Observed <i>Colleagues, will you please help us evaluate the counseling group in which this student participated. Your opinion is extremely important as we strive to continuously improve our effectiveness with ALL students!</i>	Post-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW)	
	Academic Development		
	Follows directions		
	Listens attentively		
	Stays on task		
	Compliance with teacher requests		
	Follows rules		
	Manages personal & school property (e.g., organized)		
	Works neatly and carefully		
	Participates in discussion and activities		
	Completes and returns homework		
	Personal and Social Development		
	Cooperates with others		
	Shows respect for others		
	Allows others to work undisturbed		
	Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)		
	Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)		
	Career Development		
	Awareness of the World of Work		
	Self-Appraisal		
	Decision Making		
	Goal Setting		
	Add Other Concerns:		

Note to Professional School Counselor: This form measures the teacher's perceptions of the overall effectiveness of the group. Teachers complete after Session 5.

**SMALL GROUP COUNSELING
 TEACHER POST-GROUP PERCEPTIONS:**

TEACHER FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP

One or more of your students participated in a small counseling group about _____. We are seeking your opinion about the effectiveness of the group e.g., students' relationships with the professional school counselor and other participants in the group and your observations of students' behavioral/skill changes (positive OR negative). We appreciate your willingness to help us meet the needs of ALL students effectively. The survey is anonymous unless you want us to contact you.

Teacher's Name (optional): _____ Date: _____

Professional School Counselor's Name: _____

Small Group Title: _____

Before the group started, I hoped students would learn:

While students were participating in the group, I noticed these changes in their behavior/attitude

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High					1=Low
	5	4	3	2	1	
Overall, I would rate my students' experience in the counseling group as:	5	4	3	2	1	
Students enjoyed working with other students in the group.	5	4	3	2	1	
Students enjoyed working with the counselor in the group.	5	4	3	2	1	
Students learned new skills and are using the skills in school	5	4	3	2	1	
I would recommend the group experience for other students.	5	4	3	2	1	
Additional Comments for Counselor:						

Note to Professional School Counselor: Send this COVER LETTER and the Parent/Guardian Feedback Form home with students after Session 4.

SCHOOL LETTERHEAD
Comprehensive Guidance Program

Request for Feedback from Parents/Guardians

Small Group Counseling topic/title: _____

Student's Name _____ Teacher's Name _____

Date: _____

Dear Parent/Guardian,

I have enjoyed getting to know your child in our small group counseling sessions. Next week will be the last session for our group. During the group sessions, we shared information related to a variety of topics. Below is a list of topics discussed during the group sessions.

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

Session 5: _____

Comments about your child's progress:

Attached is a feedback form. I would appreciate input from you about your child's experience in the small group. Please complete the attached **Parent/Guardian Feedback Form** and send the completed form back to school with your child by _____.

Thank you for your support and feedback. Please contact me if you have questions or concerns.

Sincerely,

Professional School Counselor

Note to Professional School Counselor: Send cover letter and this Parent/Guardian Feedback Form home with students after Session 4.

SMALL GROUP COUNSELING PARENT/GUARDIAN POST-GROUP PERCEPTIONS

Parent/Guardian Feedback Form: Overall Effectiveness of Group

Your child participated in a small counseling group about _____. Was this group experience helpful for your child? Following is a survey about changes (positive OR negative) your child made at home while participating in the group at school and since the group ended. The survey will help us meet the needs of ALL students more effectively. The survey is anonymous unless you want the school counselor to contact you. We appreciate your willingness to help us

Professional School Counselor: _____ Date: _____

Small Group Title: _____

Before the group started, I hoped my child would learn _____

I've noticed these changes in my child's behavior and/or attitude as a result of participating in the group:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High	4	3	2	1=Low
Overall, I would rate my child's experience in the counseling group as:	5	4	3	2	1
My child enjoyed working with the other students in the group	5	4	3	2	1
My child enjoyed working with the counselor in the group.	5	4	3	2	1
My child learned new skills and is using the skills in and out of school	5	4	3	2	1
I would recommend the group experience to other parents/guardians whose children might benefit from the small group.	5	4	3	2	1

Additional Comments:

Note to Professional School Counselor: *The Student Feedback Form measures the student's perceptions of the overall effectiveness of the group using the same questions as teachers' and parents answer on their feedback forms. Students complete during the last session. This form is most appropriate for use at the upper elementary, middle school or high school levels.*

**SMALL GROUP COUNSELING
 STUDENT POST-GROUP PERCEPTIONS:**

STUDENT FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): _____ Date: _____

Professional School Counselor's Name: _____

Small Group Title: _____

Before the group started, I wanted to learn _____

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

What do you think?	5=High					1=Low				
	5	4	3	2	1	5	4	3	2	1
Overall, I would rate my experience in the counseling group as:	5	4	3	2	1					
I enjoyed working with other students in the group	5	4	3	2	1					
I enjoyed working with the counselor in the group.	5	4	3	2	1					
I learned new skills and am using the skills in school	5	4	3	2	1					
If other students ask me if they should participate in a similar group, I would recommend that they "give-it-a-try"	5	4	3	2	1					

Additional Comments for the Counselor:

Small Group Counseling Title/Theme: Personal Planning

Session Title: Develop or Revise Personal Plan of Study

Session # 1 of 2

Grade Level: 9-11

Estimated time: 45-50 minutes

Small Group Counseling Session Purpose:

To assist students to develop or revise their personal plans of study.

Missouri Comprehensive Guidance Standard:

CD.7: Applying Career Exploration and Planning Skills in the Achievement of Life Career Goals

Missouri Comprehensive Guidance Concept(s):

CD.7.A. Integration of Self-knowledge into Life and Career Plans.

Session #1 Materials (include activity sheets and/ or supporting resources)

[Small Group Counseling Guidelines](#)

- Personal Plans of Study
- Copy of Graduation Requirements
- Course Booklet
- Copy of a Transcript
- Personal Career Assessments/Interest Inventories

Session #1 Assessment

Completed Personal Plan of Study.

Session #1 Preparation

Essential Questions: How is your personal plan of study important to your future?

Engagement (Hook): Making plans for high school and beyond.

Session #1 Procedures

<i>Professional School Counselor Procedures: Session 1</i>	<i>Student Involvement: Session 1</i>
1. Go over <u>Small Group Counseling Guidelines</u> . Discuss and explain graduation requirements and career paths. You may have to assist student in choosing a career path.	1. Students may have questions regarding classes, credits, requirements, and career paths.
2. Provide students with transcripts, blank personal plan of study, and course description booklets.	2. Students review personal transcript and begin the development of their plan. Students may have questions regarding course descriptions, credits, pre-requisites, and requirements.
3. Assist students in completing their personal plan of study.	3. Students take completed plans and acquire a parent/guardian signature.
4. Closure/Summary: Completed personal plan of study.	4. Closure/Summary: Completed personal plan of study.
5. Group assignment: Direct students to bring a	5. Group assignment: Students will bring their

<i>Professional School Counselor Procedures: Session 1</i>	<i>Student Involvement: Session 1</i>
parent/guardian signed personal plan to the next session.	personal plan of study with a parent/guardian signature for Session 2.

Session #1 Follow-Up Activities

Individually assist students who are having difficulties with their personal plan of study.

[Teacher/Parent/Guardian Small Group Session Follow-up](#)

Session #1 Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

ALL SESSIONS: POSTER

SMALL GROUP COUNSELING GUIDELINES

- 1. All participants observe confidentiality.**
 - a. Counselor**
 - b. Student**

- 2. One person speaks at a time.**

- 3. Everyone has an opportunity to participate and share.**

- 4. No PUT DOWNS allowed.**

- 5. All participants treat each other with respect.**

- 6. Group members have the opportunity to develop other guidelines.**

Handout to be used in each session

Teacher/Parent/Guardian Small Group Session Follow-up

The Professional School Counselor has the option of sending this form to teachers/parents/guardians after each group session to keep these individuals informed of student's progress in the group. Students may complete this form during the session.

GROUP TOPIC: _____ **Session #** _____

Student's Name: _____ **Date:** _____

Today I met with my school counselor and other group members.

Session Goal: _____

Today we talked about the following information during our group:

Circle one or more items.

Friendship	Study Skills	Attendance
Feelings	Behavior	School Performance
Family	Peer Relationships	Other _____

Group Assignment:

I will complete or practice the following at school and/home before our next session.

Our next group meeting will be:

Date: _____ Time: _____

Additional Comments:

Please contact _____, Professional School Counselor at
_____ if you have further questions or concerns.

Small Group Counseling Title/Theme: Personal Planning

Session Title: Completion of Personal Plan of Study

Session #2 of 2

Grade Level: 9-11

Estimated time: 15 minutes

Small Group Counseling Session Purpose:

To collect signed personal plan of study and discuss any needed changes or problems.

Missouri Comprehensive Guidance Standard:

CD.7: Applying Career Exploration and Planning Skills in the Achievement of Life Career Goals

Missouri Comprehensive Guidance Concept(s):

CD.7.A. Integration of Self-knowledge into Life and Career Plans

Session #2 Materials (include activity sheets and/ or supporting resources)

Signed Personal Plan of Study
 Course Booklets

Session #2 Assessment

Completed and signed personal plan of study

Session #2 Preparation

Essential Questions: Were there any individual or parent/guardian questions regarding your personal plan of study?

Engagement (Hook): I have a plan for high school and beyond!

Session #2 Procedures

<i>Professional School Counselor Procedures: Session 2</i>	<i>Student Involvement: Session 2</i>
1. Have students discuss their personal plan of study.	1. Students share their career paths and classes they take to accomplish their high school requirements and goals.
2. Discuss suggestions by students/parents/guardians and make any needed revisions.	2. Students may share changes or suggestions by parents/guardians and make any needed revisions.
3. Closure/Summary: Collect plans and remind students that their plans are not set in stone and can be reviewed and revised annually.	3. Closure/Summary: Students use plans to develop next year's class schedule.
4. Group assignment: File completed plans.	4. Group assignment: None.

Session #2 Follow-Up Activities

Review plan in the following school year

[Teacher/Parent/Guardian Small Group Session Follow-up
Group Certificate of Completion](#)

Session #2 Counselor reflection notes (completed after the session)

STUDENT LEARNING: How will students' lives improve as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?



Group Certificate of Completion



Student's Name

successfully completed the

“ _____ ” group on _____

_____ completed a Personal Plan of Study.



WAY TO GO!

Professional School Counselor

OPTIONAL FOLLOW-UP SESSION

Group Title: Personal Planning

Session Title: How Are You Doing?

Session: Follow-up (4-6 weeks after last session)

Grade Level: 9-12

Estimated time: 30-45 minutes

Small Group Counseling Follow-up Session Purpose: The Professional School Counselor may facilitate at least one more group session 4-6 weeks after the group has ended. This session assist in tracking students' persistence and success in applying new skills and making changes in their lives. Students who participate in follow-up sessions after a group ends are more likely to maintain the gains made during the group sessions.

Missouri Comprehensive Guidance Strand/Big Idea:

Personal and Social Development: PS.3.Applying Personal Safety Skills and Coping Strategies

Missouri Comprehensive Guidance Concept(s):

- PS.3.A. Safe and Healthy Choices
- PS.3.B. Personal Safety of Self and Others
- PS.3.C. Coping Skills

American School Counselor Association National Standard (ASCA):

Personal/Social Development

- A. Students will acquire the knowledge, attitudes and interpersonal skills to help them understand and respect self and others.

OPTIONAL FOLLOW-UP SESSION

Materials (activity sheets and/ or supporting resources are attached)

8 ½ x 11 paper for each participant; crayons/markers/pencils

Alternative Procedure: Complete the [Follow-Up Feedback Form for Students](#). Discuss after completing.

OPTIONAL FOLLOW-UP SESSION Formative Assessment

This session does not require a formative assessment. It is a tool to measure students' perceptions of the group's effectiveness over time.

Alternative Procedure: Use the [Follow-Up Feedback Form for Students](#) as the procedure and the assessment for the Follow-up Session. The developmental level of your students will determine the usefulness of this alternative with younger students.

OPTIONAL FOLLOW-UP SESSION Preparation

Essential Questions: What does everyone have in common in this group?

Engagement (Hook): What changes have you noticed as a result of this group?

OPTIONAL FOLLOW-UP SESSION PROCEDURES

Professional School Counselor Procedures: Optional Session

Note for PSC: The group follow-up session will give participants a chance to celebrate each other’s successes over time.

Welcome students back to the group. Remind them again about the [Small Group Counseling Guidelines](#).

1. Invite each student to tell one thing he or she remembers from the group meetings. “I remember _____.”
2. Give each student an 8 ½ x 11 piece of paper. Instruct students to follow you as you fold your paper into fourths; unfold the paper and number the sections 1-4. Give the directions for the quadrants one at a time. Complete all quadrants. Invite students to share one quadrant at a time; discuss responses before going to the next quadrant.

1. With a picture or words, demonstrate what you learned from group.	2. With a picture or a word, describe the most useful thing you learned from the group.
3. With a picture or words, describe a skill you need to practice.	4. With a picture or words, explain how you have changed.

Alternative Procedure: An option for gathering student feedback during the follow-up session is to use the [Follow-Up Feedback Form for Students](#). Discuss with students after they have completed the form.

Student Involvement: - Optional Session

1. Students participate in the review of the guidelines by telling what they remember and by reminding each other of what the guidelines represent.
2. Students follow directions and ask clarifying questions as needed. Additionally, they share their words/drawings.

Alternative Procedure: Students complete the form and discuss their responses.

OPTIONAL FOLLOW-UP SESSION Follow-Up Activities

If students completed the (optional) [Follow Up Session Feedback Form](#), use the responses to prepare a data summary and report of group’s effectiveness.

OPTIONAL FOLLOW-UP SESSION Counselor reflection notes (completed after the session)

STUDENT LEARNING: How have all students’ lives improved as a result of what happened during this session?

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

POST-SMALL GROUP FOLLOW-UP WITH STUDENTS

(OPTIONAL SESSION scheduled 4-6 weeks after group ends)

Level: Elementary/Middle School/High School

Note to Professional School Counselor: *The Follow-up Session Feedback Form for Students may be used in several ways, e.g., as an alternative "Procedure" for the post-group follow-up session, as a discussion guide, or (if post-group follow-up session is NOT scheduled) as a guide for interviewing individual students 4-6 weeks after the group ends. Adapt as appropriate for developmental level of students.*

FOLLOW-UP SESSION FEEDBACK FORM FOR STUDENTS

Name: _____ (optional) Date: _____

Questions:

1. What specific skills are you practicing now that the group is over?
2. What was the most useful thing you learned from the group?
3. What could you use more practice on?
4. How are things different for you now?
5. What Progress have you made toward the goals you set for yourself at the end of our group meetings?
6. How are you keeping yourself accountable?
7. What suggestions do you have for future groups?
8. Circle your overall experience in the group on a scale from 1 → 5 _____

1=Most positive activity in which I have participated for a long time
2=Gave me a lot of direction with my needs
3=I learned a lot about myself and am ready to make definite changes
4=I did not get as much as I had hoped out of the group
5=The group was a waste of my time
9. What specific "things" contributed to the ranking you gave your experience in the group?
10. What would have made it better?

Additional comments you would like to share with the school counselor: