

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: Introduction, 2 Sessions and Optional Follow-Up Session

Session Titles/Materials:

Introduction: Establishing Small Group Norms

Establishing norms is important to the group process. This introduction should be used prior to Session #1.

Materials needed:

Chart Paper

Markers

[*Small Group Counseling Guidelines Poster \(Document 18\)*](#)

Session # 1: Develop or Revise Personal Plan of Study

Materials needed:

[*Small Group Counseling Guidelines Poster \(Document 18\)*](#)

Personal Plan of Study

Copy of Graduation Requirements

Course Booklet

Copy of a Transcript

[*Teacher/Parent/Guardian Follow-up Form \(Document 12\)*](#)

Session # 2: Completion of Personal Plan of Study

Materials needed:

[*Small Group Counseling Guidelines Poster \(Document 18\)*](#)

Signed Personal Plans of Study

Cheap novelty sunglasses

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

Materials Needed:

[*Small Group Counseling Guidelines Poster \(Document 18\)*](#)

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

Alternative Procedure: Complete the [*Student Post-Group Perception Form \(Form 16\)*](#) (attached to Optional Follow-up Session Plan). Discuss after completing.

Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):

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

Missouri Comprehensive Guidance and Counseling Concept(s):

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

American School Counselor Association (ASCA) National Standard:

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's) concepts. Assessment can be survey, student sharing, etc.

Students will have a completed Personal Plan of Study.

[Teacher Pre/Post-Group Perception Form \(Document 14\)](#)

[Parent/Guardian Post-Group Perception Form \(Document 15\)](#)

[Student Post-Group Perception Form \(Document 16\)](#)

Follow Up Ideas & Activities

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

Yearly monitoring and revision of personal plans of study.

DOCUMENT 12:

TEACHER/PARENT/GUARDIAN FOLLOW-UP FORM

Note: 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.

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/or at 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.

DOCUMENT 14:

**TEACHER PRE/POST-GROUP PERCEPTION FORM
(SAMPLE 1 OF 2)**

Note: Samples 1 & 2 of Document 14 provide you with examples of two ways to gather data about teachers' post-group perceptions of the effectiveness of the group. **Sample 1** measures teachers' perceptions of the changes the student made as a result of the group experience. **Sample 2** measures the teacher's perceptions of the counseling group as a whole. An advantage to using form 2 is that it parallels [Document 15: Parent/Guardian Post-Group Feedback Form](#) and [Document 16: Student Post-Group Perception Form](#); thus, making it possible to compare teacher, parent and student perceptions of the group experience.

Note: The classroom teacher completes Part 1 of this document before students begin group sessions and completes Part 2 after the group has been completed. This process will provide the school counselor with follow up feedback about individual students who participated in the group.

**Sample 1: 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=Extreme→3=Moderate→ 1 = None)					Student Work Habits/Personal Goals Observed <i>Colleagues, please help 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=Extreme→3=Moderate→ 1 = None)				
5	4	3	2	1		5	4	3	2	1
					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:					

DOCUMENT 14:

TEACHER PRE/POST-GROUP PERCEPTIONS

Note: This document measures the teacher’s perceptions of the effectiveness of the group as a whole. The teacher could complete this form after the last group session has been completed.

(SAMPLE 2 OF 2)

TEACHER PRE/POST-GROUP PERCEPTIONS FORM

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’ relationship 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 =strongly agree and 1=strongly disagree), please circle your opinion about the following

What do you think?	5=Strongly Agree				
	3= Neutral				
	1=Strongly Disagree				
Overall, I would rate my students’ experience in the counseling group as positive.	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:					

DOCUMENT 15:

PARENT/GUARDIAN POST-GROUP PERCEPTION FORM

Parent/Guardian Feedback Form

Your student participated in a small counseling group about _____. Was this group experience helpful for your student? Following is a survey about your observations of changes (positive or negative) your student 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 to provide your name for the school counselor to contact you. We appreciate your feedback.

Professional School Counselor: _____ Date: _____

Small Group Title: _____

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

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

Using a scale of 5 to 1 (5 =strongly agree and 1=strongly disagree), please circle your opinion about the following:

What do you think?	5=Strongly Agree 3= Neutral 1=Strongly Disagree				
Overall, I would rate my student's experience in the counseling group as positive	5	4	3	2	1
My student enjoyed working with the other students in the group.	5	4	3	2	1
My student enjoyed working with the counselor in the group.	5	4	3	2	1
My student 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 whose students might benefit from the small group.	5	4	3	2	1
Additional Comments:					

DOCUMENT 16:

STUDENT POST-GROUP PERCEPTION FORM

Note: This student feedback form may be sent home with group members after the last group session. This form measures the group member's perceptions of the overall effectiveness of the group using the same questions as teachers and parents answer on their feedback forms. Group members complete during the last session (or the follow-up session if you have one). This is the secondary level form.

STUDENT FEEDBACK FORM

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 =strongly agree and 1=strongly disagree), please circle your opinion about the following:

What do you think?	5=Strongly Agree				
	3= Neutral				
	1=Strongly Disagree				
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:					

DOCUMENT 18:

Small Group Counseling Guidelines Poster

Note: This list may be used as best meets the students' age/grade level. It could be posted in the room, handed out to the students, or turned in to a worksheet with space for each group to add their own guidelines.

Small Group Counseling Guidelines

1. All participants observe confidentiality.
 - a. Counselor
 - b. Student
2. Everyone will be an active listener.
3. Everyone has an opportunity to participate and share.
4. Use positive language.
5. All participants will treat each other with respect.

Group Title: Introduction

This is a sample introduction session for establishing small group norms.

Session Title: Establishing Small Group Norms

Session # 1 of 1

Grade Level: K-12

Estimated time: 30 minutes

Small Group Counseling Session Purpose: To establish small group counseling guidelines, to discuss the purpose of the group, and to begin student self-evaluation process.

Missouri Comprehensive Guidance and Counseling Content Area Strand/Big Idea(s):

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

Missouri Comprehensive Guidance and Counseling Concept(s):

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

American School Counselor Association (ASCA) National Standard:

Career Development

C1: Acquire Knowledge to Achieve Career Goals

INTRODUCTION Materials (include activity sheets and/ or supporting resources)

Chart paper

Markers

[Small Group Counseling Guidelines \(Document 18\)](#)

INTRODUCTION Formative Assessment

Share small group counseling guidelines and monitor personal behavior within the group, such as: waiting to speak, listening to what others have to say, and responding to others' statements without putting them down.

INTRODUCTION Session Preparation

Essential Questions: How do people communicate their ideas in a group? How do people treat each other in a group?

Engagement (Hook): What groups do you belong to? What groups would you like to belong to?

INTRODUCTION Procedures

Professional School Counselor Procedures:	Student Involvement:
<p>1. “Today, we are going to talk about working within groups and how small group counseling guidelines help members as they work together.” Introduce the Small Group Counseling Guidelines (Document 18). Students may wish to add additional guidelines suitable for their specific group.</p> <p>When discussing the term, <i>confidentiality</i>, relate it to outside-the-group talk versus inside-the-group talk. The members may talk with someone outside the group about something they may have said, but they cannot talk about who the members of the group are, or what others shared. Acknowledge student suggestions as examples of how confidentiality can be maintained.</p> <p>Post Small Group Counseling Guidelines (Document 18), including any additional guidelines the group develops, for the group to refer to during each group session. Remind students that they will be expected to follow the guidelines during each session.</p> <p>2. Introduce the icebreaker activity: Review the groups that were discussed during the hook. “What were some the positive things that made you feel good when you were with that group? Or, if you didn’t enjoy the group, what would have made the experience better for you?”</p> <p>NOTE: This activity can be done in a number of ways:</p> <ul style="list-style-type: none"> • Students may work in a Think-Pair-Share in which they are placed into pairs to discuss the prompts and come up with ideas together. • Students may work with a large piece of chart paper or bulletin board paper to come up with ideas in graffiti form which is presented for final group approval. • Solicit information from the entire group for consideration, which is then to be written on chart paper and edited through group approval. <p>3. Discuss the purpose of the group. Ask what the students would like to learn or achieve in the next few weeks in the group. Record student responses for future reference.</p>	<p>1. Students discuss the guidelines and offer their definitions of each guideline. The students decide upon any other group guidelines they would like to add. As guidelines are accepted, students discuss how they will be expected to follow them.</p> <p>Students make suggestions for maintaining confidentiality.</p> <p>2. Students develop a list of experiences; either individually, with another student, or with the group. Possible student comments might be:</p> <ul style="list-style-type: none"> • We treat others as we would like to be treated. • Everyone gets a turn. • Nobody gets left out. • No put-downs. • Take turns when speaking. • Everyone has a chance to share. • Listen when others are speaking. • Put away equipment when you are finished. • Respect each other’s differences. <p>3. Students share ideas about what they would like to learn or achieve.</p>

<i>Professional School Counselor Procedures:</i>	<i>Student Involvement:</i>
Closure/Summary: Review the small group counseling guidelines with the students. Give students time and date of the next session.	Closure/Summary: Students review the small group counseling guidelines and note the date and time of the next session.

INTRODUCTION Follow-Up Activities (Optional)

INTRODUCTION Counselor Reflection Notes (completed after the session)

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

SELF EVALUATION: How did I do?

IMPLEMENTATION PROCEDURES: How did the session work?

DOCUMENT 18:

Small Group Counseling Guidelines Poster

Note: This list may be used as best meets the students' age/grade level. It could be posted in the room, handed out to the students, or turned in to a worksheet with space for each group to add their own guidelines.

Small Group Counseling Guidelines

1. All participants observe confidentiality.
 - a. Counselor
 - b. Student
2. Everyone will be an active listener.
3. Everyone has an opportunity to participate and share.
4. Use positive language.
5. All participants will treat each other with respect.

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 and Counseling Content Area Strand/Big Idea(s):

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

Missouri Comprehensive Guidance and Counseling Concept(s):

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

American School Counselor Association (ASCA) National Standard:

Career Development

C1: Acquire Knowledge to Achieve Career Goals

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

[Small Group Counseling Guidelines \(Document 18\)](#)

Personal Plans of Study

Copy of Graduation Requirements

Course Booklet

Copy of a Transcript

[Teacher/Parent/Guardian Follow-up Form \(Document 12\)](#)

SESSION #1 Formative Assessment

Completed Personal Plan of Study.

SESSION #1 Preparation

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

Engagement (Hook): Often, people ask children what they want to be when they grow up. This is the point in your school career where you get to plan the steps, which will take you there.

SESSION #1 Procedures

Professional School Counselor Procedures: Session 1

Student Involvement: Session 1

1. Go over [Small Group Counseling Guidelines \(Document 18\)](#). Discuss and explain graduation requirements and career clusters. You may have to assist student in choosing a career cluster.

1. Students may have questions regarding classes, credits, requirements, and career paths.

<i>Professional School Counselor Procedures: Session 1</i>	<i>Student Involvement: Session 1</i>
2. Provide students with transcripts, blank personal plans of study, graduation requirement information and course description booklets.	2. Students review personal transcripts and begin the development of their plans. Students may have questions regarding course descriptions, credits, pre-requisites, and requirements.
3. Assist students as they complete their personal plans 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 parent/guardian signed personal plan to the next session.	5. Group assignment: Students will bring their personal plan of study with a parent/guardian signature for Session 2.

SESSION #1 Follow-Up Activities

Assist students on an individual basis if they are having difficulties with their personal plan of study.

Provide classroom teacher(s) of students in group a copy of the [Teacher/Parent/Guardian Small Group Session Follow-up \(Document 12\)](#)

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?

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 and Counseling Content Area Strand/Big Idea(s):
CD.7: Applying Career Exploration and Planning Skills in the Achievement of Life Career Goals

Missouri Comprehensive Guidance and Counseling Concept(s):
CD.7.A. Integration of Self-knowledge into Life and Career Plans

American School Counselor Association (ASCA) National Standard:
Career Development
C1: Acquire Knowledge to Achieve Career Goals

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

Signed Personal Plan of Study
Cheap novelty sunglasses

SESSION #2 Formative Assessment

Completed and signed personal plan of study

SESSION #2 Session Preparation

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

Engagement (Hook): Counselor distributes novelty sunglasses to group members, explaining that their futures will look even brighter if they follow their plans.

Optional: Counselor enters, wearing sunglasses, telling students that their futures will look even brighter if they follow their plans.

SESSION #2 Procedures

<i>Professional School Counselor Procedures: Session 2</i>	<i>Student Involvement: Session 2</i>
1. Have students discuss their personal plans of study.	1. Students share their career cluster information and classes they will take to accomplish their high school requirements and goals.
2. Discuss suggestions by group members,	2. Students may share changes or suggestions by

Professional School Counselor Procedures: Session 2	Student Involvement: Session 2
<p>parents/guardians and make any needed revisions.</p> <p>3. While having a plan is important, remind group members that they must be willing to change those plans to meet shifts in requirements and/or changes in interests.</p> <p>4. Closure/Summary: Collect plans and remind students that their plans can be reviewed and revised annually.</p> <p>5. Group assignment: File completed plans.</p>	<p>parents/guardians and make any needed revisions.</p> <p>3. Students will ask questions or make comments.</p> <p>4. Closure/Summary: Students use plans to develop class schedule.</p> <p>5. Group assignment: None.</p>

SESSION #2 Follow-Up Activities

Review plan in the following school year
[Teacher/Parent/Guardian Small Group Session Follow-up \(Document 12\)](#)

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?

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 and Counseling Content Area Strand/Big Idea(s):
 Personal and Social Development: PS.3.Applying Personal Safety Skills and Coping Strategies

Missouri Comprehensive Guidance and Counseling 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 (ASCA) National Standard:
 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 \(Document 16\)](#). 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 \(Document 16\)](#) 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 \(Document 18\)](#).

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 \(Document 16\)](#). 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 \(Document 16\)](#), 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:

Missouri Comprehensive Guidance & Counseling Programs:

Linking School Success to Life Success

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May 2015