**Student Learning Objective Template**

**School Counselor Name:**

**Evidence of Impact Used:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Learning Content | | | | | | | | |
| *(Identify the comprehensive school counseling activity, intervention, or instruction to be implemented. Include the state curriculum standards the SLO addresses if applicable)* | | | | | | | | |
| Interval of Instruction | | | | | | | | |
| *(How much time will students have to reach their goals? A unit? A semester?* | | | | | | | | |
| Student Population(s) | | | | | | | | |
| *(Describe the student population(s) included in this SLO. Include IEP, EL, and Free and Reduced Price Lunch (F/RL) data)* | | | | | | #IEP | #EL | #F/RL |
|  |  |  |
| Targets | | | | | | | | |
| Baseline Data | | Expected Growth | | Activities, Interventions, Instruction | | | | |
|  | |  | |  | | | | |
| Rationale | | | | | | | | |
| *(State how the growth targets are appropriate and rigorous. Explain how the identified activities, interventions, or instruction are appropriate to reach those growth targets)* | | | | | | | | |
| Results | | | | | | | | |
| Total # of Students | # Students Met Target | | % Students Met Target | | Comments | | | |
|  |  | |  | |  | | | |