

APPENDIX I

ANNUAL AGREEMENT TEMPLATE

School Counselor _____ Year _____

School Counseling Program Mission Statement

School Counseling Program Goals

The school counseling program will focus on the following goals this year.

Program Goal Statements	
1	
2	
3	

Use of Time

I plan to spend the following percentage of my time delivering the components of the school counseling program. All components are required for a comprehensive school counseling program.

	Planned Use			Recommended	
Direct Services to Students	_____ %	of time delivering school counseling core curriculum	Provides developmental curriculum content in a systematic way to all students	80% or more	
	_____ %	of time with individual student planning	of time with individual student planning		
	_____ %	of time with responsive services	Addresses the immediate concerns of students		
Indirect Services for Students	_____ %	of time providing referrals, consultation and collaboration	Interacts with others to provide support for student achievement		
Program Planning and School Support	_____ %	of time with foundation, management and accountability and school support	Includes planning and evaluating the school counseling program and school support activities		20% or less

Advisory Council

The school counseling advisory council will meet on the following dates.

Professional Development

I plan to participate in the following professional development based on school counseling program goals and my school counselor competencies self-assessment.

Professional Collaboration and Responsibilities. Choose all that apply.

Group	Weekly/Monthly	Coordinator
A. School Counseling Team Meetings		
B. Administration/School Counseling Meetings		
C. Student Support Team Meetings		
D. Department Chair Meetings		
E. School Improvement Team Meetings		
F. District School Counseling Meetings		
G. (Other		

Budget Materials and Supplies

Annual Budget \$_____

Materials and supplies needed:

School Counselor Availability/Office Organization

The school counseling office will be open for students/parents/teachers from _____ to _____

My hours will be from _____ to _____ (if flexible scheduling is used)

The career center will be open from _____ to _____

Role and Responsibilities of Other Staff and Volunteers

School Counseling Department Assistant _____

Attendance Assistant Clerk _____

Data Manager/Registrar _____

Career and College Center Assistant _____

Other Staff _____

Volunteers _____

School Counselor Signature _____

Principal Signature _____

Date _____