



ALABAMA  
SCHOOL  
COUNSELOR  
ASSOCIATION

# Annual Agreement Template

School Counselor \_\_\_\_\_ Year \_\_\_\_\_

## School Counseling Program Mission Statement

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## School Counseling Program Goals

The school counseling program will focus on the following achievement, attendance and/or behavior goals this year. Details of activities promoting these goals are found in the curriculum, small-group and closing-the-gap action plans.

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	____ percent	School counseling core curriculum	Provides developmental curriculum content in a systematic way to all students	80 percent or more
	____ percent	Individual student planning	Assists students in the development of educational, career and personal plans	
	____ percent	Responsive services	Addresses the immediate concerns of students	
Indirect Services for Students	____ percent	Referrals, consultation and collaboration	Interacts with others to provide support for student achievement	
Program Planning and School Support	____ percent	Foundation, management and accountability and school support	Includes planning and evaluating the school counseling program and school support activities	20 percent or less

**Advisory Council**

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

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**Planning and Results Documents**

The following documents have been developed for the school counseling

- program. Annual calendar
- Closing-the-gap action plans
- Curriculum action plan
- Results reports (from last year’s action
- plans) Small-group action plan

**Professional Development**

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

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**Caseload and School Counselor’s Responsibilities**

Indicate how students are assigned to the school counselor’s caseload and the specific responsibilities assumed by the school counselor.

Caseload Defined by:	<input type="checkbox"/>	Alpha: last names beginning with _____ to _____
	<input type="checkbox"/>	Grade level: students in grades: _____
	<input type="checkbox"/>	All students in building
	<input type="checkbox"/>	Other:
School Counselor Responsibilities	<b>Direct Student Services</b>	
	<input type="checkbox"/>	School Counseling Core Curriculum
	<input type="checkbox"/>	Academic Advisement
	<input type="checkbox"/>	Individual Student Planning
	<input type="checkbox"/>	
	<b>Responsive Services</b>	
	<input type="checkbox"/>	Individual Counseling
	<input type="checkbox"/>	Small Groups
	<input type="checkbox"/>	Crisis Response
	<input type="checkbox"/>	
	<b>Indirect Student Services</b>	
	<input type="checkbox"/>	Referrals to Community Agencies
	<input type="checkbox"/>	
	<b>Special Programs</b>	
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Other</b>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Professional Collaboration and Responsibilities**

Choose all that apply.

Group	Weekly/Monthly	Coordinator
School Counseling Team Meetings		
Administration/School Counseling Meetings		
Student Support Team Meetings		
Department Chair Meetings		
School Improvement Team Meetings		
District School Counseling Meetings		
Other		

**Budget Materials and Supplies** Annual budget: \$\_\_\_\_\_

Materials and supplies needed:

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**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 \_\_\_\_\_