School Counselor Corps Grant Program (SCCGP)

Development Year Grantee Report Guiding Template

2025-2026

This template is a draft document that serves as an offline copy of the Development Year Report for FY2025-2026. The template is intended to help SCCGP grantees gather information to submit to Qualtrics for the Development Year Report. DO NOT email or submit the Word document. This is for informational purposes only. **All answers must be submitted through the Qualtrics End of Year Report by May 29, 2026.**

# Privacy Disclaimer: By submitting the School Counselor Corps Grant Program Development and End of Year Report, you are agreeing to have the information collected to be shared to:

* + Produce Annual Legislative Reports on the status of the SCCGP and
  + Continuous program improvement, including recommendations related to fidelity and performance management findings.

# General reporting information:

* Local Education Provider (LEP):
* LEP Code ([find here under Colorado District Lists (XLSX](https://www.cde.state.co.us/schoolview/explore/welcome)):
* SCCG Site:
* School Code ([find here under Colorado Schools List (XLSX](https://www.cde.state.co.us/schoolview/explore/welcome)):
* Name of individual completing report:
* Email of individual completing report:

1. Did you hire a school counseling FTE in the development year?
   * Yes, we hired a licensed school counselor.
     + How many were hired with grant funds?
   * Yes, we hired an individual working towards school counseling licensure. [SCCG Hiring Assurance Form](https://docs.google.com/forms/d/e/1FAIpQLScZRmIJ1ulmXmW420sMgVoPs2SYcM90d4yXzY0aRwZ8Mo6wXA/viewform) must be completed and approved.
     + How many were hired with grant funds?
   * No, we did not hire anyone.
2. List any professional development programs provided using grant moneys.
3. List any other services or information indicating an increase of postsecondary preparation services provided with grant moneys.
4. What are the original goals from your **district’s** SCCG application?

# The following questions are determined from the data collected throughout the Development Year Process:

1. What is your School Counseling Program Vision Statement created in the development year?
2. What is your School Counseling Mission Statement created in the development year?
3. Outline your district and/or school intentional data review process.
   * What did your intentional data review reveal about your school counseling program.
   * Summarize the school counselor time and effort assessment.
   * What did your intentional data review reveal about student attendance?
   * What did your intentional data review real about student achievement?
   * What did your intentional data review reveal about student behavior (discipline)?
4. What are the two determined areas of data focus based on the intentional data review (check all that apply)?
   * Achievement
   * Attendance
   * Behavior
5. Outline your district and/or school needs assessment(s) process.
   * What two stakeholder groups were assessed?
   * How were stakeholder groups assessed?
   * What were the three questions asked for your first stakeholder group?
   * What were the three questions asked for your second stakeholder group?
6. Outline your district and/or school needs assessment’s data findings.
7. What are two to three site-based SMART goals for the remainder of the grant cycle? Use the SMART Goal template below.

**SMART GOAL Template:** By May 2029, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*specific student group, grade level, etc.*), will \_\_\_\_\_\_\_\_ (*decrease/increase*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(student outcome area based in achievement, attendance, or discipline*) by \_\_\_\_\_\_\_\_ % (*percent change*), from \_\_\_\_\_\_\_\_\_(*baseline*) to \_\_\_\_\_\_\_ (*target*). Data will be collected through\_\_\_\_\_.

1. What are the appropriate interventions you plan to implement to address your district and school identified needs and goals?Explain how selected interventions will target the root cause of identified needs.
2. Did the district/school original application goals and interventions change after completing the development year process? If so, how?
3. How can the developmental year of the School Counselor Corps Grant be enhanced for future grant recipients?

# Contact Information

# Please list District and School level SCCGP contact information.

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| --- | --- | --- | --- |
| **SCCG Team**  **Members** | **Name** | **Title** | **Email** |
| School site  administrator |  |  |  |
| Grant funded  school counselor |  |  |  |
| Program contact |  |  |  |
| Fiscal contact |  |  |  |
| Other Team  Member |  |  |  |