School Counselor Corps DISTRICT End of Year Report - 2017-18

SCCG District Report - End of Year

1) District:*

2) District Code:*

3) Name of District Contact:*

4) District Contact Phone Number:*

5) District Contact email:*

6) What year of SCCG funding was 2017-18 school year for your school/district? (If you are not sure, please contact Eve Pugh to confirm, pugh_e@cde.state.co.us)*

() Year 2

() Year 3

() Year 4

7) Have staff changes been made using SCCGP funds during the 2017-2018 school year?*

() YES

() NO

8) If yes, please explain:

9) The school counselors hired under the Colorado School Counselor Corps Grant Program in the district are licensed, which "means a person who holds a special services provider license with a school counselor endorsement issued pursuant to article 60.5 of Title 22 or who is otherwise endorsed or accredited by a national association to provide school counseling services" 22-91-102 (6):

() Yes

() No

Part II: SCCG Performance Goals and Evaluation

10) Please list School Counselor Corps Goal 1.

11) Report progress on the District/BOCES goal. Check the response that best describes progress at the end of the rating period, (June 30, 2018).

() Exceeded goal

() Met goal

() Making progress

() Not making progress

12) Please provide a brief narrative explaining how your goal was reached or not reached. (No more than 5 sentences.)

13) Provide data results for this goal.

14) How were these data collected and/or verified?

15) Describe special circumstances and/or factors that positively affected progress on achieving this goal.

16) Describe special circumstances and/or issues that negatively affected progress on achieving this goal.

17) Please mark the ONE outcome this goal is most directly related.

() Improved GPA

() Improved ACT

() Improved PARCC

() Getting/Staying on track for graduation

() Credit accrual

() ICAP completion

() Increased number of postsecondary applications submitted

() Increase college acceptance

() Increased number of students completing FAFSA

() Decreased college academic remediation

() Increased attendance

() Increased school engagement

() Improved Comprehensive School Counseling Program (e.g., ASCA National Model)

() Improved retention and reduced number of drop-outs

() Improved postsecondary planning culture and capacity

() Increased school attachment

() Increased school/district performance

() Improved middle school to high school transitions

18) Please list School Counselor Corps Goal 2.

19) Report progress on the District/BOCES goal. Check the response that best describes progress at the end of the rating period, (June 30, 2018).

() Exceeded goal

() Met goal

() Making progress

() Not making progress

20) Please provide a brief narrative explaining how your goal was reached or not reached. (No more than 5 sentences.)

21) Provide data results for this goal.

22) How were these data collected and/or verified?

23) Describe special circumstances and/or factors that positively affected progress on achieving this goal.

24) Describe special circumstances and/or issues that negatively affected progress on achieving this goal.

25) Please mark the ONE outcome this goal is most directly related.

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() Increased school/district performance

() Improved middle school to high school transitions

26) Please list School Counselor Corps Goal 3.

27) Report progress on the District/BOCES goal. Check the response that best describes progress at the end of the rating period, (June 30, 2018).

() Exceeded goal

() Met goal

() Making progress

() Not making progress

28) Please provide a brief narrative explaining how your goal was reached or not reached. (No more than 5 sentences.)

29) Provide data results for this goal.

30) How were these data collected and/or verified?

31) Describe special circumstances and/or factors that positively affected progress on achieving this goal.

32) Describe special circumstances and/or issues that negatively affected progress on achieving this goal.

33) Please mark the ONE outcome this goal is most directly related.

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34) Please list School Counselor Corps Goal 4.

35) Report progress on the District/BOCES goal. Check the response that best describes progress at the end of the rating period, (June 30, 2018).

() Exceeded goal

() Met goal

() Making progress

() Not making progress

36) Please provide a brief narrative explaining how your goal was reached or not reached. (No more than 5 sentences.)

37) Provide data results for this goal.

38) How were these data collected and/or verified?

39) Describe special circumstances and/or factors that positively affected progress on achieving this goal.

40) Describe special circumstances and/or issues that negatively affected progress on achieving this goal.

41) Please mark the ONE outcome this goal is most directly related.

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() Improved ACT

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Program Strategies and Services

50) ASCA IMPLEMENTATION: Please indicate the development strategies and/or activities in accordance to the ASCA National Model at the district level. (No more than three paragraphs).

51) PROGRAM DATA: Please outline special programming, interventions and efforts by school or district/BOCES made possible by SCCG. Please highlight what has not already been captured through goal narratives.

PROFESSIONAL DEVELOMENT

52) Professional Development Activity 1 (Name of Training)

53) Number of attendees:

54) Number of hours:

55) Topic Areas(s):

56) Brief summary of impact, (three to four sentences):

57) Implementation strategies, (three to four sentences addressing results):

58) Professional Development Activity 2 (Name of Training)

59) Number of attendees:

60) Number of hours:

61) Topic Areas(s):

62) Brief summary of impact, (three to four sentences):

63) Implementation strategies, (three to four sentences addressing results):

64) Professional Development Activity 3 (Name of Training)

65) Number of attendees:

66) Number of hours:

67) Topic Areas(s):

68) Brief summary of impact, (three to four sentences):

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69) Implementation strategies, (three to four sentences addressing results):

70) Professional Development Activity 4 (Name of Training)

71) Number of attendees:

72) Number of hours:

73) Topic Areas(s):

74) Brief summary of impact, (three to four sentences):

75) Implementation strategies, (three to four sentences addressing results):

76) Professional Development Activity 5 (Name of Training)

77) Number of attendees:

78) Number of hours:

79) Topic Areas(s):

80) Brief summary of impact, (three to four sentences):

81) Implementation strategies, (three to four sentences addressing results):

PART V: Colorado Counselor Corps Grant Information

82) How many counselors were hired under the SCC Grant by your district?*

83) Please give a clear explanation of how you define postsecondary and workforce readiness for students. (Three to four sentences)

84) Provide a brief summary of individual career and academic plans (ICAP) implementation. (No more than three paragraphs)

85) List two goals for ICAP implementation/improvement of your ICAP for next year.

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Part VI: Continuation Plan

86) What is your district/BOCES/school plan for sustaining counselors hired utilizing SCCG funds after completion of the grant? (No more than three paragraphs.)

Thank You!