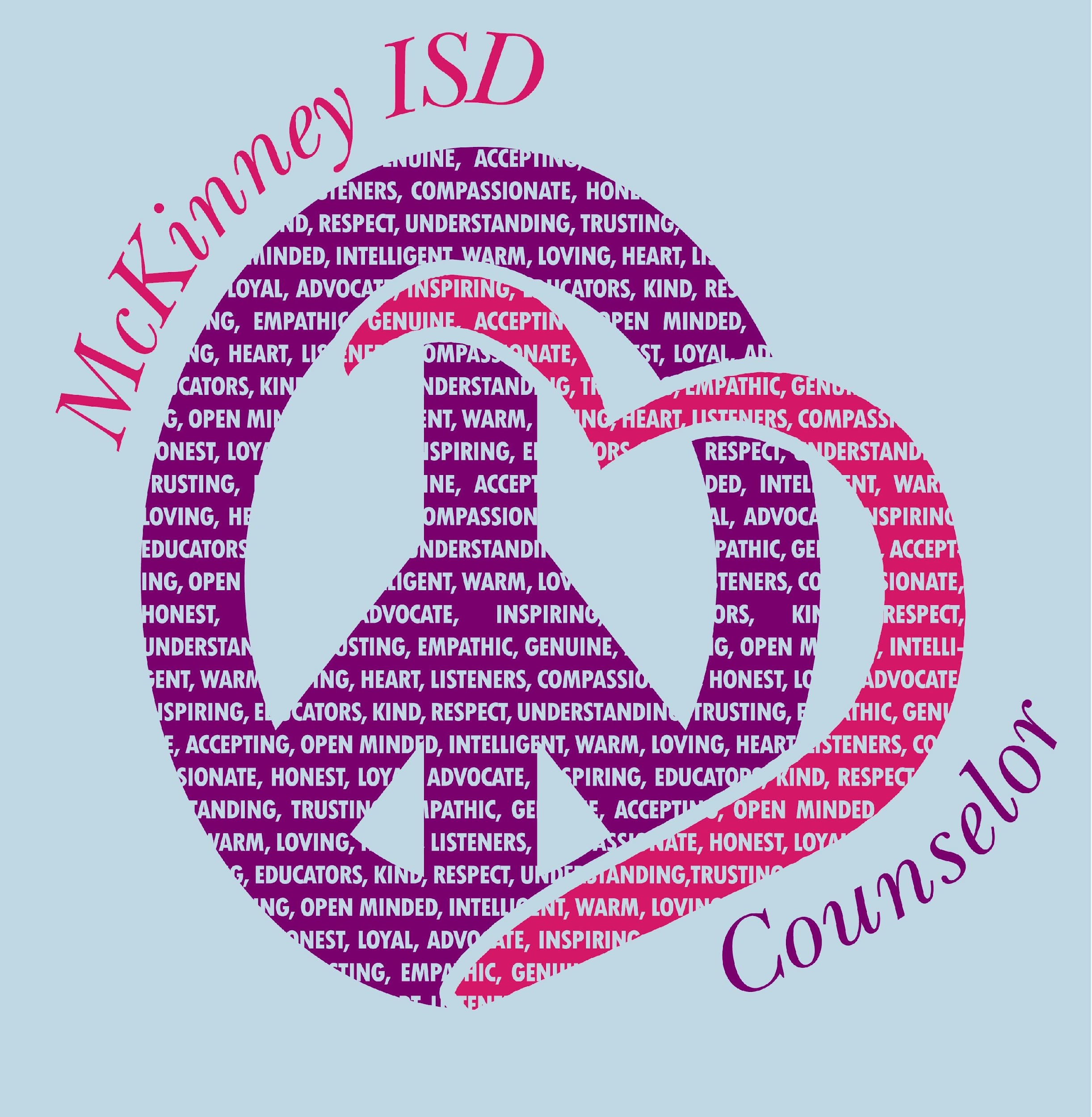
**2021/2022 McKinney ISD**

**Counseling Program Plan**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| 20/21 Campus Data Review Highlights: | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Process Data: |  | | | | | | | | | |
| Perception Data: |  | | | | | | | | | |
| Student Outcome Data: |  | | | | | | | | | |
| Goals & Performance Indicators | | | | | | | | | | |
| Student services should account for at least 80% of the school counselor’s time. For more information on counselor activities, please review the McKinney ISD Counseling Mission & Framework available at :[*www.tinyurl.com/frameworkmisd*](http://www.tinyurl.com/frameworkmisd) | | | | | | | | | | |
| Individual Planning: |  | | | | | | | | | |
| Guidance Instruction & Model, [Alignment](https://drive.google.com/open?id=1-9r7N_Z6rjBAPq9fFjhgcoAuFDL7NTFC): | CCR: | | Character Education: | | Healthy Relationships: | | Substance Use Prevention: | | | Suicide Prevention: |
| Responsive Services: |  | | | | | | | | | |
| System Support: |  | | | | | | | | | |
| Other Duties: |  | | | | | | | | | |
| Resource Planning: | | | | | | | | | | |
| Materials & Budget: | |  | | | | | | | | |
| Professional Development Needs: | |  | | | | | | | | |
| Comments on Yearly Calendar **(attached)** & Facilities Requests: | |  | | | | | | | | |
| Professional Consultation: | | | | | | Weekly/Monthly | | | Coordinator | |
| 1. Principal and Counselor Meetings | | | | | |  | | |  | |
| 1. School Counseling Team Meetings (Secondary Counselors Only) | | | | | |  | | |  | |
| 1. RTI/504 Meeting Attendance | | | | | |  | | |  | |
| 1. ARD Meeting Attendance | | | | | |  | | |  | |
| 1. Instructional Leadership Team Meetings | | | | | |  | | |  | |
| 1. Operational Planning Meetings | | | | | |  | | |  | |
| 1. District School Counseling Meetings | | | | | |  | | |  | |
| 1. PLC Meetings/Data Meetings | | | | | |  | | |  | |
| 1. Campus Coordinated Health Meetings | | | | | |  | | |  | |
| 1. District Committees: | | | | | |  | | |  | |
| 1. (Other): | | | | | |  | | |  | |
| School Counselor Availability/Communication: | | | | | | | | | | |
| Office Hours & Appointment Method: | |  | | | | | | | | |
| Communication Systems: | | System: | | Schedule/Method for Updates: | | | | Coordinator: | | |
| \_\_ Campus Calendar | |  | | | |  | | |
| \_\_Social Media | |  | | | |  | | |
| \_\_Parent Link | |  | | | |  | | |
| \_\_School Website | |  | | | |  | | |
| \_\_Naviance | |  | | | |  | | |
| \_\_Newsletter | |  | | | |  | | |
| \_\_Parent Coffee/ Brown Bag | |  | | | |  | | |
| \_\_Other: | |  | | | |  | | |
| Additional Considerations: | | | | | | | | | | |
| Comments: | |  | | | | | | | | |
| Counselor(s) Signature: | |  | | | | | | Date: | | |
| Principal(s)  Signature: | |  | | | | | | Date: | | |