**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:  |