**School Counseling Advisory Council Agenda**

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| School: |  | Meeting Date/Time: | |  |
| School Counseling Mission Statement: | | | | |
| Annual Student Outcome Goals:  1.  2.  3. | | | | |
| **Agenda Items** | | | **School Counselor** | |
| * *Fall: Identify and explain annual student outcome goals.* * *Mid-year: Check and monitor progress/ adjust as needed.* * *Spring: Share results and implications of annual student outcome goals.* | | | | |
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