**School Counseling Advisory Council Minutes**

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| School: |  | | | | | Meeting Date: |  |
| Meeting Start Time: | | |  | | | | |
| Members Present: | | |  | | | | |
| **Agenda Items** | | **Discussion Summary** | | | **Action Needed** | | **Person Responsible** |
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| Meeting End Time: | | | |  | | | |
| Next Meeting Date/Time: | | | |  | | | |