School Counseling Core Curriculum Action Plan Template

School Name:			
Counselor's Name:			
Date of Submission	:	_	
Goals & Objectives			
Primary Cour	nseling Focus:		
Target Grade	Levels:		
	Outcomes:		
Planned Activities &	Curriculum Implen	nentation	
Session Topic	Grade Level	Date	Delivery Method

Assessment & Evaluation

How will success be measured?		
Student Feedback Collection Method:	-	
Follow-up Strategies:	-	
Administrator/Counselor Signatures		
Counselor's Signature:		
Principal's Signature:		
Date of Approval:		