

School Counseling Program

Assessment Example

School Name: _____

School Year: _____

Counselor's Name: _____

Program Goals & Evaluation

- What were the key objectives of the counseling program?

- How effectively were students engaged?

- What major challenges were encountered?

Student Participation & Effectiveness

Counseling Activity	Number of Students Served	Success Rating (1-5)	Notes

Key Findings & Recommendations

- Program Strengths: _____
- Areas for Improvement: _____
- Future Enhancements: _____

Final Approval & Signatures

Counselor's Signature: _____

School Administrator's Signature: _____

Date of Submission: _____