

Elementary Counselor Quarterly Report

School District Tyler Independent School District Campus _____

Grant Counselor _____ Phone # _____

District Contact Person _____ Phone # _____

Quarter 1 - (September - November)	DUE:	December 15.
Quarter 2 - (December - February)	DUE:	March 15,
Quarter 3 - (March - May)	DUE:	June 15,
Quarter 4/Final - (June - August)	DUE:	September 29,

Please mail to:

Texas Education Agency
Guidance and Counseling Unit
ATTN: Yvette Henley
1701 North Congress Avenue
Austin, Texas 78701

- 1 Has a Developmental Guidance Plan been developed as a part of the Campus Plan?
Yes No (If no, please explain.)
- 2 Is a copy of the current Plan available on each grant project campus? (Campus plans of project schools should be reviewed to determine whether or not the Guidance Plan was integrated into the Campus Plan as a priority area.) Yes No (If no, please explain.)
- 3 Was the Developmental Guidance Program Plan based on student, parent, and staff needs? Yes No (If no, please explain.)
- 4 Is a copy of the Needs Assessment available on each grant project campus?
Yes No (If no, please explain.)
- 5 Does the Developmental Guidance Program Plan contain the following four components: Guidance Curriculum, Responsive Services, Individual Planning, and Systems Support?
Yes No (If no, please explain.)

6. Percentage of Grant Counselor's time spent in each of the Guidance components.

TABLE 1 -- PERCENTAGE OF TIME

Quarter	Guidance Curriculum	Responsive Services	Individual Planning	System Support	Non-Guidance Activities
1					
2					
3					
4/Final					
YEAR END AVERAGE					

7. Please fill out attendance rate for the campus you serve during each six-week cycle.

TABLE 2 -- ATTENDANCE RATE

Type in the year.	99/2000
1st six-week cycle	
2nd six-week cycle	
3rd six-week cycle	
4th six-week cycle	
5th six-week cycle	
6th six-week cycle	
YEAR END AVERAGE	

8. Statement of overall observations and reports during this quarter regarding self-confidence development.

12. Please list # of discipline referrals on the campus(es) you serve
(Final Q4 Report only)

TABLE 3 -- DISCIPLINE REFERRALS

Campus Name	99/2000
1.	
2.	
3.	

13. Please list the annual retention rate of the campuses you serve and compute the year-end averages.
(Final Q4 Report only)

TABLE 4 -- RETENTION RATE

Campus Name	99/2000
1.	
2.	
3.	
Year-end Average	

Title IV
Safe and Drug Free Schools Communities Act

Counselor: _____ **School:** _____

Reporting Period: _____

Total Number Of Hours For This Period: _____

Activities:
