Dear Teachers:

The school counseling program will need an advisory committee for the 2017-2018 school year. This committee will consist of teachers, students, and parents, and will guide the counseling program during the year. The committee will:

* Design a needs assessment procedure and make program decisions based on the results of this assessment
* Determine how classroom teachers will use the guidance curriculum during the year
* Assist the counselors with the design of a schedule of services
* Help the counselors determine topics for group counseling and group guidance
* Focus on school climate and recommend activities to improve the learning atmosphere
* Help the counselors design procedures to evaluate the program during the school year

The committee is to meet before the end of September, and will meet three more times during the year. The school counselor will chair the committee. If you are interested or can recommend students and parents for the committee, please complete the form below and return it to Ms. Bond’s mailbox in the main office.

Thank you for your assistance!

Ms. Bond and Mrs. Wells

**Advisory Committee Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the statement that reflects your wishes.**

\_\_\_\_\_\_\_ I would like to serve on the School Counseling Advisory Committee

\_\_\_\_\_\_\_ I nominate the following student for the committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I nominate the following parent for the committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Ms. Bond’s mailbox.