

**School Guidance Counselor
CONSULTATION SUMMARY REPORT**

School Guidance Counselor _____ **Date** _____

1. Please give an overview of the number and types of consultation services you have provided this year.

2. In the table below, please indicate the number of consultation surveys that were completed and returned to you:

RESPONDENTS	NUMBER OF SURVEYS COMPLETED*				
	Personal/ Social	Academic	Career	Referral	Other
Students					
Parents/Guardians					
Teachers/Support Staff					
Administrators					
Others					

3. Please discuss the results of your consultation surveys in terms of

- ❖ the extent to which the consultation services you provide meet the needs of your school community,
- ❖ the ratings and comments you received, and
- ❖ the ways in which you will use this information to plan and conduct future consultation services.

* The completed surveys must be made available to the evaluation team, upon request.