

**Gloucester City School District**

**Counseling Goals**

**2017-2018**

Name		Building		Grade Span		Length of Goal Interval From _____ to _____	
<b>Background, Rationale, and Assessment Method</b> State the rationale for choosing the Growth Objective, including background as necessary. Name and briefly describe the format of the assessment method.							
<b>Background</b>							
<b>Rationale</b>							
<b>Assessment Method</b>							
<b>Goal</b>							
<b>Plan</b>							
<b>Scoring Plan</b>							
Goal Attainment Level Based on Percent and Number of Students Achieving Target Score							
Target Score	Exceptional (4)	Full (3)	Partial (2)	Insufficient (1)			
<b>Approval of Student Growth Objective</b>							
Nurse _____ Signature _____				Date Submitted _____			
Counselor _____ Signature _____				Date Approved _____			
<b>Results of Student Growth Objective</b> (State how many students met the final assessment target.)							
				Score _____		Counselor _____	
				Date _____		Evaluator _____	