

# **SMALL GROUP COUNSELING OUTCOMES SCHOOL COUNSELOR PERCEPTIONS**

**Name of School:**

**School Counselor:**

**Small Group Counseling Title/Theme:**

**Grade Level(s):**

**Small Group Counseling Description:**

**Cycle #:**

**Number of Sessions in Group:**

**Group Start Date:**

**Group End Date:**

**Write a brief description of the content introduced/covered each week:**

Week 1-

Week 2-

Week 3-

Week 4-

Week 5-

**List the American School Counselor Association National Standards (ASCA) Covered:**

**Performance Goals (check one or more that apply)**

<input type="checkbox"/>	Gather, analyze and apply information and ideas
<input type="checkbox"/>	Communicate effectively within and beyond the classroom X
<input type="checkbox"/>	Recognize and solve problems
<input type="checkbox"/>	Make decisions and act as responsible members of society

## **Outcome Assessment (acceptable evidence)**

**Summative Assessment:** Students will take a survey upon completion of final session that covers what they learned and how they feel about the group experience. They will also be given their folder with all their activities to take as a reminder of what they have done.

**Perceptual Data Collection:** The following end-of-group perceptual data collection forms will be used upon completion of a group cycle

- Classroom Teacher Assessment- The classroom teacher will complete the Teacher Pre-Post-Group Individual Student Behavior Rating Form for each student before the group starts and after the group ends.
  - Teacher Feedback Form- Overall Effectiveness of Group (teacher completes at the end of the group).
- Parent/Guardian Assessment: Parent/Guardian Feedback Form-Overall Effectiveness of Group (sent home with students prior to last session; parents/guardians complete and return form with students the following week.)
- Student Assessment: Student Feedback Form- Overall Effectiveness of Group (students complete during Session 5)

**Results Based Data Collection:** The counselor will demonstrate the effectiveness of the small group counseling cycle via pre and post comparisons of such factors as attendance, grades, discipline reports and other pertinent information.

**Provide a detailed summary of the overall experience of this cycle of small group counseling. Please consider the impact on student achievement, behavior, SEL, etc. What are some areas/topics/activities that went well and what are some things that you will consider doing differently next cycle? What feedback has been provided by students, staff and administration that reinforces the need for this group?**

**Provide a brief overview of plans for students post-group. Please list additional supports you have put in place to ensure success for student post-group.**

**Provide overview of referrals (if any) to outside agencies. Be sure to include the # of students referred, the purpose of the referral and the name of agency.**