

*Gloucester City School District*

**Counseling Goals**

**2021-2022**

<b>Name</b>	<b>Building</b>	<b>Grade Span</b>	<b>Length of Goal Interval</b> 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 _____	