

Gloucester City School District

Counseling Goals

2020-2021

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