***The 2017 Wisconsin School Counseling Program***

***Accountability Report Award***

***Application Form***

***Please do not alter this application by deleting sections or adding your own wording.***

***Please note this is a fillable form and responses should be typed. Print form and then obtain signatures.***

***Deadline: Electronic submissions MUST be received by 5:00 pm on October 15, 2017***

***And Mailed items MUST be postmarked by October 15, 2017***

School District: Click here to enter text.

School Site: Click here to enter text.

School Level: ☐ Elem ☐Middle ☐ High Number of Students: Click here to enter text.

School Setting: ☐Urban ☐ Suburban ☐Rural

County: Click here to enter text.

School's State Senate Member Name: Click here to enter text.

School's State Assembly Member Name: Click here to enter text.

Individual Completing Application: Click here to enter text. Work Phone: Click here to enter text.

Work Address: Click here to enter text.

City: Click here to enter text. State: WI Zip Code: Click here to enter text.

E-Mail: Click here to enter text.

**By 5 pm October 15th, please submit the following items electronically in pdf format to Todd Hadler at** **hadlert@manitowocpublicshcools.org** **:**

☐ *WSCPAR document (pdf)*

☐ *Application Form (with all appropriate signatures)(pdf format)*

☐ *Cover Letter (one page overview of your team's WSCPAR process and WSCPAR distribution plan)*

☐ *A completed self-scored WSCPAR scoring rubric*

**Please mail the following items (postmarked by October 15th) to:**

Todd Hadler, School Counselor or Todd Hadler

Monroe Elementary School WSCPAR Coordinator

2502 S. 14th Street 3309 Kimberly Circle

Manitowoc, WI 54220 Manitowoc, WI 54220

☐ *Application Form (with all appropriate signatures)*

☐ *Cover Letter (one page overview of your team's WSCPAR process and WSCPAR distribution plan)*

☐ Five (5) color copies of your team’s *Wisconsin School Counseling Accountability Report (WSCPAR)*

☐ *A completed self-scored WSCPAR scoring rubric*

**School Counselors in your school**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Signature** |
| Click here to enter text. | Click here to enter text. |  |
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| Click here to enter text. | Click here to enter text. |  |

**Local Newspaper:** Click here to enter text. **Website:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text.

**Principal Approval:**

This Wisconsin School Counseling Program Accountability Report (WSCPAR) accurately reflects the efforts of the school counseling program in its design, implementation, evaluation, and coordination. This document was generated by the school counselor (s) at our school.

Name/e-mail of Principal: Click here to enter text.

Signature of Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent publication approval:**

This document has been approved as a public document. This Wisconsin School Counseling Program Accountability Report (WSCPAR) accurately reflects the efforts of the school counseling program in its design, implementation, evaluation, and coordination. This document has been proofread for typographical and grammatical errors. You have my permission to reproduce and post this WSCPAR on the WSCA website and the DPI Counseling and Student Support website. **I give my permission for all or any part of this application to be shared with state legislators and others interested in reviewing our WSCPAR.**

Name/e-mail of Superintendent: Click here to enter text.

Superintendent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Office Address

Street/Mailing Address: Click here to enter text.

City: Click here to enter text. State: WI Zip Code: Click here to enter text.