# A logo with a group of people  Description automatically generatedWSCPAR Signature Page

# Complete the signature page and print to obtain original signatures.

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| School Counseling Team Member Signatures |
| School Counselor Name | Position | Signature |
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**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. All the WSCPAR application components were completed by the school counselor (s) and have been seen and approved by the school administration. *Please note that it is not an expectation that all counseling program components outlined in the Annual Administrative Conference are fully implemented.*

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| --- | --- |
| **Principal Nane:** |  |
| **Principal Email:** |  |
| **Principal Signature** |  |  **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 the WSCPAR.**

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| --- | --- |
| **Superintendent Nane:** |  |
| **Superintendent Email:** |  |
| **Superintendent Signature** |  |  **Date** |