



# CSCP Level 3

## Developing an Accountability Action Plan for a Comprehensive School Counseling Program

**DATES: September 23, November 10, and December 7, 2010**

This course, integrating current program curriculum and activities formulated during Level I and Level II training, will provide school counselors with the steps needed for the development of an accountability action plan within their comprehensive school counseling program. Participants will develop a three stage accountability action plan evaluating their program’s impact on students, level of program implementation, and performance evaluation components. These next steps, going beyond the essential development of the school counseling program, will provide the data and strategies needed for program accountability in today’s educational setting.

**Time:** 8:00 AM - 3:30 PM (Registration 8-8:30 AM)

**Location:** Royal Ridges, Ripon Wisconsin

**Fee:** \$300.00 per participant. Includes: training manual, continental breakfast and lunch each day, and A Certificate of Completion

**Audience:** School counselors who have completed CSCP Level 1 & 2 training. School teams are encouraged to attend.

**Sponsored by:** Jackie Schoening, Alcohol, Tobacco & Other Drugs, 920-236-0515; Tania Kilpatrick, Career and Technical Education, 920-236-0531; Barbara Behlen, Regional Service Network 920-236-0551

**Graduate Credits:** Optional 1 credit available through UW Oshkosh for an additional fee of \$200.00 per credit

**Training will address:** Wisconsin Pupil Services Standard 5 and State Performance Plan Indicators: 1 & 2

**NOTE:** CSCP Level 3 will also be offered later in the year. Dates to be announced.



**Cancellation Policy:** Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

### Developing an Accountability Action Plan for a Comprehensive School Counseling Program - Level 3

Participant Name(s) \_\_\_\_\_

Position(s) \_\_\_\_\_ District \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Would you like to be notified by email of future CESA 6 training sessions?  Yes  No

Email Address \_\_\_\_\_ Special accommodations or dietary needs \_\_\_\_\_

**Please check one:**

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # \_\_\_\_\_
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Cardholder Name \_\_\_\_\_

Cardholder Address (include city, state ZIP) \_\_\_\_\_

Credit Card Type (VISA, MasterCard, etc.) \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_

**RETURN TO:**  
(Paula Starr, Program Assistant), CESA 6, PO Box 2568, Oshkosh, WI 54903-2568