



CSCP Level 3

Developing an Accountability Action Plan for a Comprehensive School Counseling Program

DATES: October 28, December 1, and December 17, 2009

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: LaSure’s Banquet Hall, 3125 Washburn, Oshkosh

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 on January 21, March 8 & April 2010. Location TBD



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.

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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