

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY**

**ELEMENTARY SCHOOL QUARTERLY AUDIT**

(Circle one)    1<sup>st</sup>       2<sup>nd</sup>       3<sup>rd</sup>       4<sup>th</sup>       Quarter

Counselor: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach Copies of the Following:**

- Counselor/Principal Agreement (1<sup>st</sup> quarter only)
- Schedule (Monthly)
- Annual Planning Calendar

\_\_\_\_\_ Number of classroom guidance lessons

\_\_\_\_\_ Frequency of lessons (once a week, every two weeks, etc.)

\_\_\_\_\_ Number of groups you facilitate each week

\_\_\_\_\_ Number of groups facilitated by an in-district professional

\_\_\_\_\_ Number of groups facilitated by an out-of-district professional

\_\_\_\_\_ Number of parent groups facilitated this quarter

\_\_\_\_\_ Number of parents attending each group

List of Parent Topics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College and Career Workshops: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other activities you organized/facilitated this quarter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_