

THE SCHOOL DISTRICT OF GREENVILLE COUNTY

HIGH SCHOOL QUARTERLY AUDIT

(Circle one) 1st 2nd 3rd 4th Quarter

Counselor: _____

School: _____ Date: _____

Attach Copies of the Following:

- Counselor/Principal Agreement (1st 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: _____

