ELEMENTARY COUNSELOR'S DAILY ACTIVITY LOG

Date: ____/_____/_____

Counselor:_____

			GUIDANCE 35-45% CURRICULUM								30-40% RESPONSIVE SERVICES											5-10% INDIVIDUAL PLANNING								10-15% SYSTEM SUPPORT								0% NON-GUIDANCE										COMMENTS		
		CG - Classroom Guidance **G**-Group	Self Confidence Development	Motivation to Achieve/Clubs/Retreats	Decision-Making/Goal-Plan/Drug Prevention	Interpersonal Effectiveness/Social Skills	Communication Skills	Cross-Cultural	Responsible Behavior/Harassment/Bullying		Academic Concerns/Supplies	Tardiness, Absences & Truancy	Responsible Behavior/Conflict Resolution	School-Avoidance, Drop-Out Prevention	Relationship Concerns	Abuse/Neglect	Grief/Loss	Substance Abuse	Family Issues/Parenting	Bullying/Aggressor	Harassment Issues/Bullying (Targeted)	Coping With Stress	Suicide Prevention		Registration	Utiliz. of Test Scores/College Testing	Scholarsips	Forms (Agency)	Positive Work Habits/Self-Concept	504/ARD/SAP	IEP Implementation	Discipline Hearings		Guid. Prog. Development/Meeting/Logs	Parent Conference/Training	Teacher/Administrator Conference	Staff Development for Educators	School Improvement Planning/Assemblies	Counselor's Professional Development	Newsletters	Community Outreach/Public Relations		Substitute for Teachers	Responsible for Giving Tests	Lunchroom Duty	Disciplinary Actions/Referrals	Fill Out Stud. Reports/Records/LPAC	Asst. with Admin Duties/PEIMS	Prepare for School Activities/E-Mail	Morning Duty	After School/Bus Duty	Counselor Absent		*Support Method/Counselor Absent			
TEACHER/STUDENT NAME	**GR**	**ID**	1	2	3	4	5	6	7		21	22	24	25	27	28	29	30	31	32	34	33	35		43	45	49	50	53	56	58	59		61	62	63	64	65	66	67	68		81	82	83	84	86	87	88	89	90	91				**HR**	**MIN**
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WILL NOT COUNT IN %

* Support Method: **I** - Individual **G** - Group **CG** - Classroom Guidance **PC** - Phone Call **C** - Crisis **F** - Family **HV** - Home Visit **CO** - Consult Other

Revised 8-1-13