**Student Learning Objective Template**

**School Counselor Name:**

**Evidence of Impact Used:**

|  |
| --- |
| Learning Content |
| *(Identify the comprehensive school counseling activity, intervention, or instruction to be implemented. Include the state curriculum standards the SLO addresses if applicable)*  |
| Interval of Instruction |
| *(How much time will students have to reach their goals? A unit? A semester?*  |
| Student Population(s) |
| *(Describe the student population(s) included in this SLO. Include IEP, EL, and Free and Reduced Price Lunch (F/RL) data)* | #IEP | #EL | #F/RL |
|  |  |  |
| Targets |
| Baseline Data | Expected Growth |  Activities, Interventions, Instruction |
|  |  |  |
| Rationale |
| *(State how the growth targets are appropriate and rigorous. Explain how the identified activities, interventions, or instruction are appropriate to reach those growth targets)* |
| Results |
| Total # of Students  | # Students Met Target | % Students Met Target |  Comments |
|  |  |  |  |