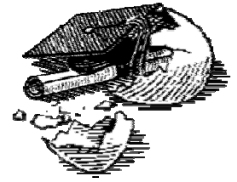




School Counselor and Administrator Training ASCA National Model

Proudly Presented by
Hatching Results, LLC and
Douglas County School District



Hatching Results, LLC

This workshop is designed to provide participants with the knowledge and skills they need to effectively implement the ASCA National Model and Evidence-based school counseling practices.

Who should attend: School counselors, counselor educators and administrators interested in school counseling program improvement. Trish Hatch has trained thousands throughout the country on the ASCA National Model.

Your trainer: Trish Hatch, Ph.D.
Co-Author of the ASCA National Model



Date: September 21 & 22, 2010
Program Time: 8:00 a.m. – 3:30 p.m. (*Lunch on your own*)
Registration Fee: \$195.00 (*Purchase Orders Accepted*)
Location: Carson Valley Inn
 1627 Hwy 395 N, Minden, NV 89423
 Tel. 775.782.9711
Deadline: September 13, 2010
Questions? office@hatchingresults.com

Workshop Goals

- Understand the changing role of the professional school counselor.
- Gain deeper understanding of the *ASCA National Model: A Framework for School Counseling Programs (ASCA, 2005)*.
- Learn how to use data to drive decisions and effect change.
- Understand the many types of data school counselors use including achievement, achievement-related, standards and competencies, process, perception and results data.
- Design standards driven guidance curriculum action plans.
- Design data driven intentional guidance/closing the gap action plans.
- Learn how to design pre-post tests and other results-based accountability tools.
- Learn how to measure, share and utilize the results for program improvement.
- Learn how to maximize effectiveness of school counselor interventions with parents and students at risk
- Learn how to report results to stakeholders using Flashlight PowerPoint and other advocacy tools.
- Learn how to *professionally manage it all!*

School Counselor and Administrator Training- September 21-22, 2010 (Registration Deadline: September 13, 2010)

Name: _____ Grade Level: K-5 ___ 6-8 ___ 9-12 ___ Other _____

School: _____ District: _____ Title: _____

Work Phone: _____ Cell Phone: _____ Fax: _____ E-mail: _____

Mailing Address: _____

For more information call: Melody Meyers at office@hatchingresults.com PO# _____ CK# _____

Make checks payable to: *Hatching Results, LLC P.O. Box 1479 Ferndale, CA 95536 Phone: (707) 497-4395 FAX: (707) 786-9788*

Credit Card Payment ___ Visa ___ M/C Exp. Date: _____ Credit Card Number: _____

Credit Card users only: Home mailing address _____
(Required by bank to process payment)

I authorize this training to be charged to my credit card: Signature: _____