**20XX-20XX**

[INSERT SCHOOL LOGO/

GRAPHIC]

[SCHOOL NAME]

[SCHOOL ADDRESS] • [SCHOOL CITY/STATE/ZIP] • [SCHOOL PHONE NUMBER]

*[Name of principal] • [Name of assistant principal] • [Name of school counselor]*

|  |
| --- |
| **SCHOOL COUNSELING WEEKLY CALENDAR** |
|  |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **8:00 to** **8:30 am** |  |  |  |  |  |
| **8:30 to****9:00 am** |  |  |  |  |  |
| **9:00 to** **9:30 am** |  |  |  |  |  |
| **9:30 to 10:00 am** |  |  |  |  |  |
| **10:00 to 10:30 am** |  |  |  |  |  |
| **10:30 to 11:00 am** |  |  |  |  |  |
| **11:00 to 11:30 am** |  |  |  |  |  |
| **11:30 to****12:00 pm** |  |  |  |  |  |
| **12:00 to****12:30 pm** |  |  |  |  |  |
| **12:30 to****1:00 pm** |  |  |  |  |  |
| **1:00 to****1:30 pm** |  |  |  |  |  |
| **1:30 to****2:00 pm** |  |  |  |  |  |
| **2:00 to****2:30 pm** |  |  |  |  |  |
| **2:30 to****3:00 pm** |  |  |  |  |  |
| **3:00 to****3:30 pm** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **LEGEND:** | **DIRECT** | **INDIRECT** | **STUDENT SUPPORT** |