**SCHOOL COUNSELING CLASSROOM LESSONS SIGN-UP**

Please provide two options that are best for the School Counselor to conduct [insert frequency] school counseling core curriculum lessons of 30-45 minutes in your classroom. Sign up by [insert date]. Thank you!

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|  | **TEACHER** | **DAY AND TIME PREFERENCES** |
|  | MR. CARSON | 1. Thursdays from 9:00 AM – 9:30 AM
2. Wednesdays from 12:45 PM – 1:15 PM
 |
| **GRADE K** | **TEACHER NAME** | 1.

  |
| **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
 |
| **1ST GRADE** | **TEACHER NAME** | 1.
 |
| **TEACHER NAME** | 1.
 |
| **TEACHER NAME** | 1.
 |
| **2ND GRADE** | **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **3RD GRADE** | **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **4TH GRADE** | **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **5TH GRADE** | **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
 |
| **TEACHER NAME** | 1.
2.
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