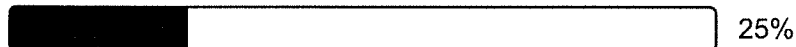


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2017-2018 Student Services Annual Report

4. Demographic Information



*** 2. The counselor submitting this form is licensed as a school counselor or has an approved ALP to work as a school counselor in Arkansas. If your answer is no, please provide an explanation in the box below.**

☒ Yes

☐ No, please provide an explanation in the box below.

*** 3. Name, phone number, and email of the school counselor submitting this report**

Prefix (Mr., Mrs., Dr.,
etc.)

Mrs.

First Name

Jamanda

Middle Name (or
nickname)

Last Name

Rogers

Email Address

jamanda.rogers@magazinek12.com

Phone Number

18669002001

*** 4. School Name:**

Magazine High School

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2017-2018 Student Services Annual Report

5. Demographic Information - Page 2



* 10. A building-based Student Services Plan has been written for this school building.

☒ Yes

☐ No

* 11. How many students are in this school? Use totals from your district's October 1 report.

256

* 12. How many of these students are regularly assigned to you?

256

* 13. List names and positions/titles of other personnel implementing the Student Services Plan for this school (counselors, nurses, social workers, mental health workers, psychologists, health services, career services, special education services, 504 coordinators etc).

Randy Bryan, Principal; Julie Raggio, Dean of Students; Anthony Rogers, SRO; Sarah Blankenship, Nurse; Renee Holt, 504; Holley Zarlingo & Schanta Davis, SBMH therapists; Ashley Hughes, SBMH case worker; Mandy Swint, PTA; Hannah Peek, OT; Valorie Hess, Speech; Julie Greek, APN, & Dr. Bishop, DDS & Dr. Chung, eye care; LaDonna Holt, RTI; Tony Quain, SPED LEA

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For each numbered item in the section below, please respond as it occurs in your school at this time (do not leave any item blank).

Area for Growth - This is an area of weakness, I would like some guidance to expand my service to students.

Developing Area - This is an area in which I provide some services, but would like to expand my practice.

Area of Strength - This is an area in which I provide exceptional service to students.

* 14. Counseling - individual (social/emotional, academic, and age-appropriate career development)

Area for Growth	Developing Area	Area of Strength		
<input type="text"/>			85	Clear

* 15. Counseling - classroom guidance (social/emotional, academic, and age-appropriate career development)

Area for Growth	Developing Area	Area of Strength		
<input type="text"/>			71	Clear

* 16. Classroom guidance provided is limited to no more than forty (40) minute class sessions. Classroom guidance sessions do not exceed three (3) per day and do not exceed 10 per week.

☒ Yes

☐ No

* 17. Counseling - small groups (social/emotional, academic, and age-appropriate career development)

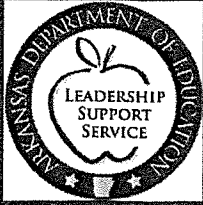
Area for Growth	Developing Area	Area of Strength		
<input type="text"/>			11	Clear

* 18. Orientation activities are provided for new students at each level of education.

Area for Growth	Developing Area	Area of Strength		
<input type="text"/>			49	Clear

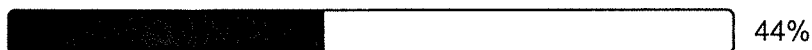
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7. Direct Counseling (student present) or Administrative Activities (student not present)



For each numbered item in the section below, please respond as it occurs in your school at this time (do not leave any item blank).

*** 19. Academic goals are established for students at all levels.**

☒ Yes

☐ No

*** 20. Academic, social/emotional, and career development resources are available for students, parents, and other stakeholders to support educational decision making.**

Area for Growth

Developing Area

Area of Strength

80

[Clear](#)

*** 21. The counselor provides test interpretation to the students, parents, educators, and/or other stakeholders.**

☐ Yes

☒ No

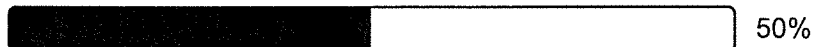
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8. Administrative Activities



For each item in the section below, mark "YES" or "NO" if it occurs in your school or district.

*** 22. The counselor consults with parents, school personnel, or other agencies.**

- ☒ Yes
☐ No

*** 23. Referrals or recommendations are made for additional services.**

- ☒ Yes
☐ No

*** 24. All child maltreatment/neglect concerns are reported by the mandated reporter as required by law.**

- ☒ Yes
☐ No

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Arkansas Code §6-18-1005 and the Rules Governing Public School Student Services require that at least 75% of the school counselor's time shall be spent in direct counseling each month and no more than 25% of the counselor's time each month shall be used for administrative activities related to counseling services.

Answer the question below as it pertains to Direct Counseling. The percentage you select will indicate how much time you provide direct counseling services.

- * 25. What is the average estimated percentage of your time spent providing direct counseling services for the months of August - March below?

0 50 100

85 Clear

26. If any counselor's response to "estimated average percentage of the school counselor's time spent providing direct counseling services" is less than 75% for August - March, please provide an explanation in the text box below. In addition, upload any use of time data that you have completed, or send it by mail, email, or fax to the ADE Office of Guidance and School Counseling.

ADE/Guidance and School Counseling
Four Capitol Mall, Mailbox 13
Little Rock, AR 72201
Fax: 501-682-4220
suzanne.knowles@arkansas.gov

27. Upload your use-of-time data here.

To use this feature, your file must be no larger than 16 MB, and in one of these formats: PDF, DOC, DOCX, PNG, JPG, JPEG, or GIF.

Choose File

No file chosen

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☒ Yes☐ No

* 32. A School/District bullying prevention program has been developed and implemented.

Area for Growth	Developing Area	Area of Strength		
			93	Clear

33. Describe or name any bullying program that your school/district is using at this time.

we have pulled information from several resources including Love Notes, Rights Respect and Responsibilities; and others to create a program that is appropriate to our school climate.

* 34. A School/District suicide awareness and prevention program has been developed and implemented.

Area for Growth	Developing Area	Area of Strength		
			91	Clear

35. Describe or name any suicide prevention program that your school/district is using at this time.

American Foundation for Suicide Prevention; AFSP.org;

* 36. The district has available alternative methods of classroom management such as:

	YES	NO
Behavioral contracting	<input type="radio"/>	<input checked="" type="radio"/>
Dispute resolution	<input checked="" type="radio"/>	<input type="radio"/>
Classroom meetings	<input type="radio"/>	<input checked="" type="radio"/>
Logical consequences	<input checked="" type="radio"/>	<input type="radio"/>
Assertive discipline	<input checked="" type="radio"/>	<input type="radio"/>
Behavior Modification	<input checked="" type="radio"/>	<input type="radio"/>
Career & academic counseling	<input checked="" type="radio"/>	<input type="radio"/>

* 37. What tools does your school/district use to follow-up with potential drop-outs and graduates at this time?

Drop-out prevention tools

Graduation tools

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2017-2018 Student Services Annual Report

11. Career Planning



* 38. Each counselor serving students in grades K - 12 provides age-appropriate career planning. Choose all that apply to you.

- ☒ School counselor(s) provide career awareness and career information to students.
- ☒ School counselor(s) provide employment readiness tools and information to students.
- ☒ School counselor(s) support student development of knowledge and skills necessary to achieve career goals.
- ☒ School counselor(s) help students see the relationship between classroom performance and success in school.
- ☒ School counselor(s) encourage parents to support partnerships in their child's learning and career process.

* 39. How is career information shared with students in this school? Choose all that apply. Career information may also be provided by others (listed in the box on question #13 of this report).

- ☒ Individual
- ☒ Small groups
- ☒ Classroom guidance

* 40. Do you serve any students in grades 7 or below?

- ☐ No - please skip to question #41.
- ☒ Yes - Describe any career activities that are provided in your school in the box below.

Interest Inventory the 7th grade that will be used in the career development class during 8th grade.

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2017-2018 Student Services Annual Report

12. Career Planning continued



Grades 8 and Above

*** 41. Do you serve any students in grade 8 or above?**

☒ Yes - move on to the next question.

☐ No - skip to question #47.

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2017-2018 Student Services Annual Report

13. Career Planning Secondary



Career Planning

- * 42. Describe the academic advisement process provided to students for class selection.

Review their current transcripts and test scores and their 4 year plan.

- * 43. The counselor provides advisement to students on workforce or career opportunities available.

☒ Yes

☐ No

- * 44. The school/district provides advisement to students on available college assessments.

☒ Yes

☐ No

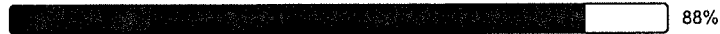
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14. Career Action Planner (CAP)



- * 45. Identify the planner you use in the box below, and describe in detail, with specific examples, what activities your career planning process includes. Be sure to include whether your students complete a paper career folder/planner, or an electronic career folder/planner.

You can email, mail or upload supporting documents regarding your career planning process.

ADE/Guidance and School Counseling
Four Capitol Mall, Mailbox 13
Little Rock, AR 72201
Fax: 501-682-4220
Email: suzanne.knowles@arkansas.gov

We still use the template that Guy Fenter created and printed for us in the past.



46. Upload your planner here.

To use this feature, your file must be no larger than 16 MB, and in one of these formats: PDF, DOC, DOCX, PNG, JPG, JPEG, or GIF.

Choose File

No file chosen

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15. Submitting the Report



Note: Before you select the Submit button, you can go to previous pages to review and/or print them. Printing the survey is optional. You can go back one page at a time by clicking the Prev button at the bottom of each page. After you have made corrections and printed the pages, select Next at the bottom of each page to advance to the end.

ONCE THE SUBMIT BUTTON IS SELECTED, YOU WILL EXIT AND NO LONGER BE ABLE TO ACCESS THE SURVEY.

- * 47. After entering the date, the Submit button must be selected to finalize the reporting process and ensure your report has been submitted.

Date Survey submitted:

Date

03/26/2018	
------------	--

48. Comments regarding the Student Services Report:

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2017-2018 Student Services Annual Report

Thank you for completing the 2018 Student Services Report.

Submit Report - You will not be able to enter the survey again for this school.