

# College/Career Transition Counselor Annual Conference

College/Career Transition Counselor \_\_\_\_\_ School Year \_\_\_\_\_

[CCTC Roles and Responsibilities Document](#)

| District/High School Data Summary   |
|---|
| <p>(Include data for college applications, FAFSA completion, college enrollment, postsecondary intention, WBL opportunities, dual enrollment, AP enrollment, career placement, scholarships, ACT/SAT, etc.)</p> <p><b>Request access from administrators to EdInsight to Prep Dashboards.</b></p> |
|   |

**Based on the data above, the CCTC created the Individual Goal Setting and Personal Development Training Plan - Refer to this document ([link here](#)).**

| Schedule   |         |           |          |        |
|--|---------|-----------|----------|--------|
| Please include the school(s) you will be at each day of the week and your working hours. |         |           |          |        |
| Monday   | Tuesday | Wednesday | Thursday | Friday |
|  |         |           |          |        |

CCTC Availability/Office Organization

The CCTC will be available for students and families from \_\_\_\_\_ to \_\_\_\_\_.

Identified methods of communication:

| Ratio and Caseload   |  |
|--|--|
| <p>The recommended ratio is one College/Career Transition Counselor per 300 students.</p> <p>Ratio            1                            CCTC Per      _____    Students</p> |  |
| <p>Caseload defined by:<br/>Indicate any specific demographic groups and caseload number per school/community College</p>  |  |

## College/Career Transition Counselor Annual Conference

| Annual Calendar  |  |
|--|--|
| Use this table to outline events you will prioritize month to month. |  |
| August   |  |
| September  |  |
| October  |  |
| November   |  |
| December   |  |
| January  |  |
| February   |  |
| March  |  |
| April  |  |
| May  |  |
| June   |  |
| July   |  |
| Ongoing Duties:  |  |

| Iowa College Aid Course to College Connection and District FAFSA Goal   |            |   |
|---|------------|---|
| Identification of CCTC role and connection to Course to College including reporting and review of FAFSA goal and activities and experiences that support the 5 steps of Course to College |            |   |
| District FAFSA Report Recipient (forward to CCTC)   |            |   |
| Data - <a href="#">FAFSA Iowa</a>   | Prior Year | Goal for Current Year                   |
| Prior School Year Overall FAFSA completion Rate   |            |   |
| Underrepresented Minority Rate (URM)  |            |   |
| Free and Reduced Lunch (FRL)  |            |   |
| Course to College   | Y/N        | Notes: Including who reports/connection |
| Current Course to College District  |            |   |
| Currently reports Course to College Activities:   |            |   |

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|  |  |  |
|--|--|--|
| Application day, Decision day, summer melt, etc. |  |  |
|--|--|--|

## Professional Development

I plan to participate in the following professional development based on my stated goals.

| Date(s) | Topic | Cost |
|---------|-------|------|
|         |       |      |
|         |       |      |
|         |       |      |
|         |       |      |

## Committees/Department Meetings

Indicate the committees and departments you will be participating with this school year. Include the name, meeting times, and location.

| Committee/Department | Meeting Times (Day/time) | Meeting Location |
|----------------------|--------------------------|------------------|
|                      |                          |                  |
|                      |                          |                  |
|                      |                          |                  |
|                      |                          |                  |

## Budget Materials and Supplies

Annual budget: \$ \_\_\_\_\_

Materials and supplies needed:

**Please review the attached Roles and Responsibilities and discuss changes or additions to those outlined by the Iowa Department of Education.**

**Agreement signed by**

|  |   |
|--|---|
|  | <b>CCTC Signature</b>                         |
|  | <b>High School Supervisor Signature</b>       |
|  | <b>School Counselor Signature</b>             |
|  | <b>Community College Supervisor Signature</b> |
|  | <b>Other:</b>                                 |
|  | <b>Other:</b>                                 |

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Date Signed

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