Dear (School Administrator/Coordinator)

 I am sure you remember your first years as a new educator and how extremely important it is to explore opportunities for professional development. I am interested in participating in the “[**New School Counselor Institute**](https://dese.mo.gov/college-career-readiness/school-counseling),” held at [**Stoney Creek Hotel**](https://www.stoneycreekhotels.com/hotel/columbia/) located in Columbia, Missouri. It would be an honor to attend this three-day seminar to provide me with the network and support I need as I (begin/transition) my career as a school counselor at (School Name). I am requesting funding to register for the **“**[**New School Counselor Institute**](https://dese.mo.gov/college-career-readiness/school-counseling)**”** held on **July 7-9, 2025**.

 This institute is organized and facilitated by the Department of Elementary and Secondary Education, a highly respected organization dedicated to the professional development and advancement of school counselors, administrators, and other educators. Attendance at this conference requires a non-refundable registration fee of $25.00, payable by check. This registration fee is due from all participants by **June 12, 2025.** Send your check to the address provided on the registration application. Please note that purchase orders will not be accepted.

By attending this event, I will be better prepared to:

* Learn and identify Tier I counseling lessons that enhance student performance and engagement
* Lead and build confidence in students by facilitating small groups and other Tier 2 supports
* Establish habits and self-care practices that I can integrate daily while in my new career
* Explore veteran school counselors’ expertise who have 10 plus years or more in the field of school counseling
* Acquire skills to develop activities and programming within each of the three domains of school counseling (academic, social/emotional, and career exploration)
* Advocate for my professional role and the school counseling program at our school
* Build good rapport with my professional colleagues, students, administration, and parents in the school community that are vital parts of the implementation of the Missouri Comprehensive School Counseling Program

 I am excited to learn from veteran school counselors in the State of Missouri. I look forward to strengthening my pedagogy and skills to enhance my school counseling program at (School Name.) This investment will help me increase my performance and success in my first year of school counseling. This opportunity helps me grow and empowers all students in my school community. As I serve (School Name), I want to be able to positively impact student outcomes through the present and future implementation of the Missouri Comprehensive School Counseling Program.

This letter requires your administrator or coordinator's permission to attend and secure payment.

Principal/Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

(Your Name/Credentials)