Department of Counselor Education

Name of Program: School Counseling **Code SHC**
Number of Credits in Program: 48

Name _____Date of Matriculation _____ID_____

Address_____Home Phone:_____

Cell Phone:_____ Work Phone:_____email _____

Number of credits required for degree (48 plus any additional requirements): 48 + _____= _____

CORE COURSES (12 credits) ***Must be completed before field courses are taken.***				
	Sem./ Seq.*	Date Planned Sem / Year	**Date Completed Sem / Yr / Grade****	Comments
6122: Orientation to Counseling	1			
6205: Group Dynamics	1			
6264: Counseling Skills & Technique	1			
6262: Assessment in Counseling	1			
SPECIALIZATION COURSES (36 credits)				
6206: Psychosocial Development	2			
6307: Research in Counseling	2			
6595: Organization & Adm. of Pers. Serv.	2			
6305: Practicum in School Counseling	2			
6530: Multicultural Counseling	SUM 1			
6650: Consultation & Evaluation	4			
6208: Counseling & Personality Theory	3			
6301: Career Development	3			
6207: Developmental Counseling in Schl	4			
6590: Internship in School Counseling I	3			
6591: Internship in School Counseling II	4			
9711: Education of Except. Individual	SUM 1			

Fingerprinting _____ **CPCE Exam Passed _____**

N.B. New York State provisional certification requires an approved two hour workshop on Child Abuse Identification and an approved two hour workshop on School Violence Intervention and Prevention.

Student's Signature_____Date_____

Advisor's Signature_____ Date_____