

**Master's Degree of Arts in Education (School Counseling)
Program #0560-03**

**College of Health Professions
Program Course Distribution (PCD)**

Name: _____ Student ID #: _____

Address: _____ Date: _____

_____ Phone #: _____

Advising Checklist:

- ___ Plan courses to be taken semester-by-semester (*first semester of course work*)
- ___ Apply to have any transfer credits transferred, if applicable
- ___ Comprehensive Examination process explained
- ___ Student review/evaluation process, retention guidelines, and graduation requirements explained
- ___ Pearson-School Counseling Exam explained (*Ohio Department of Education*)
- ___ Program Student Handbook received/reviewed

STUDENT: I HAVE READ THE ABOVE ADVISING CHECK-LIST. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MEET THE STATED DEADLINES. I UNDERSTAND THAT FAILURE TO MEET THE DEADLINES MAY DELAY GRADUATION.

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

FOUNDATION (9)
5600:648 (3) Individual and Family Development Across the Lifespan
5600:646 (3) Multicultural Counseling
5100:640 (3) Techniques of Research

REQUIRED COUNSELING DEPARTMENT COURSES (35)
5600:600 (2) Professional Orientation and Ethics (Taken 1st or 2nd Semester)
5600:631 (3) Elem./Sec. School Counseling
5600:659 (3) O & A of Guidance Services (Prerequisite 631)
5600:643 (3) Counseling Theory & Philosophy
5600:645 (3) Tests & Appraisal (Prerequisites 640)
5600:647 (3) Career Development and Counseling Across the Lifespan
5600:651 (3) Techniques of Counseling (Prerequisite 643)
5600:653 (4) Group Counseling (Prerequisites 643, 651)
5600:675 (5) Practicum (Prerequisites 643,645, 646, 647,651,653)
5600:685 (6) Internship (Must be enrolled for at least two consecutive semesters)

SPECIALIZED STUDIES (6)
5610:540 (3) Developmental Characteristics of Exceptional Individual (see advisor)
5600:621 (3) Counseling Youth at Risk

Total Program	50
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Deadline for completion and conferral is the end of _____

***ANY SUBSTITUTION IN COURSEWORK MUST BE APPROVED BY THE ADVISOR IN WRITING.**

COREQUISITE HOURS FOR THOSE WITHOUT A TEACHING BACKGROUND/LICENSE (10)
5600:663 (3) Developmental Guidance and Emotional Education
5600:695 (1) Field Experience (Taken with 5600:663)
5600:622 or 640 or 660 (3) Play Therapy, Counseling Adolescents or Children
5610:559 or 5610:567 (3) Consultation/Collaboration or Classroom Management (567)

Total Program	60
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Deadline for completion and conferral is the end of _____

***ANY SUBSTITUTION IN COURSEWORK MUST BE APPROVED BY THE ADVISOR IN WRITING.**

*Please note: students are not allowed to obtain two years of teaching experience during the course of their program and request that the 10 co-requisite be waived. The two years must be completed prior to applying to the program.