# 

# Ed.S. DEGREE COMPLETION FORM- Planning document

\_\_ Seeking LPC licensure

Seeking licensure as a school counselor

Seeking LPC licensure & licensure as

a school counselor

Completing degree to gain additional

skills as a school counselor or as a

counselor in another setting

**Directions:** Complete the form below then schedule an appointment with your faculty advisor to review and sign the form you have completed, give it to our office manager, (who scans these into your e-file), and keep your copy of the form. In the event you change your plans, complete a revised form, sign the form, obtain your faculty advisor’s signature, and keep a copy. Please complete and file this form in your first semester.

Note any courses that you wish to transfer to ODU and work with your advisor and the Graduate Program Director to complete a course transfer form.

|  |  |  |
| --- | --- | --- |
| **Fall** | **Spring** | **Summer** |
| Year: | Year: | Year: |
| Year: | Year: | Year: |
| Year: | Year: | Year: |

I have read the Ed.S. Counseling Specialist Degree Program Handbook and ODU Graduate Catalog and agree to abide by the policies and procedures included in these publications.

Your Signature: Date:

Faculty Advisor’s Signature: Date:

**Ed.S. Plan of Study for the Counseling Graduate Program**

**Clinical Mental Health Counseling Concentration/LPC**

**Name:**

**For Office/Advisor Use**

**Please initial and date when completed:**

***Initial Date***

*\_\_\_\_\_ \_\_\_\_\_ Students’ registration hold moved*

*\_\_\_\_\_ \_\_\_\_\_ Form scanned & emailed to student &*

*advisor*

*\_\_\_\_\_ \_\_\_\_\_ Form saved to the K drive*

**UIN:**

**Concentration:**

**Advisor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Number** | **Name** | **Credits** | **Date Taken** |
| 1. COUN | 601 | Principles of Professional Counseling and Ethics | 3 |  |
| 1. COUN | 633 | Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 650 | Theories of Counseling and Psychotherapy | 3 |  |
| 1. COUN | 634 | Advanced Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 644 | Group Counseling and Psychotherapy | 3 |  |
| 1. COUN | 645 | Testing and Client Assessment | 3 |  |
| 1. COUN | 648 | Foundations of Career Development | 3 |  |
| 1. COUN | 631 | Counseling for Lifespan Development | 3 |  |
| 1. COUN | 655 | Social and Cultural Issues in Counseling | 3 |  |
| 1. COUN | 685 | Diagnosis and Treatment Planning in Mental Health Counseling | 3 |  |
| 1. COUN | 647 | Addictive Disorders | 3 |  |
| 1. COUN | 667 | Internship in Mental Health Counseling | 3 |  |
| 1. COUN | 667 | Internship in Mental Health Counseling | 3 |  |
| 1. COUN | 691 | Family Systems and Family Development | 3 |  |
|  |  | Growth Group |  |  |
|  |  | Background Check |  |  |
|  |  | Comprehensive Exam |  |  |
|  |  | Hours Total | 42\* |  |

*Students: by signing my name, I’m agreeing that I have read and will abide by this handbook.*

Student Name: Student Signature: Date:

Advisor Name: Advisor Signature: Date:

\*The above plan would be suitable for a graduate of master’s program in Counseling or closely aligned discipline who did not meet most or all of the Virginia LPC coursework requirements. It assumes that courses completed in the prior master’s degree could also be counted towards the Virginia Board of Counseling 60 credit hour of graduate coursework requirement.

**Ed.S. Plan of Study for the Counseling Graduate Program**

**School Counseling Concentration/LSC**

**Name:**

**For Office/Advisor Use**

**Please initial and date when completed:**

***Initial Date***

*\_\_\_\_\_ \_\_\_\_\_ Students’ registration hold moved*

*\_\_\_\_\_ \_\_\_\_\_ Form scanned & emailed to student &*

*advisor*

*\_\_\_\_\_ \_\_\_\_\_ Form saved to the K drive*

**UIN:**

**Concentration:**

**Advisor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Number** | **Name** | **Credits** | **Date Taken** |
| 1. COUN | 601 | Principles of Professional Counseling and Ethics | 3 |  |
| 1. COUN | 633 | Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 650 | Theories of Counseling and Psychotherapy | 3 |  |
| 1. COUN | 634 | Advanced Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 642 | Structured Counseling Groups | 3 |  |
| 1. COUN | 645 | Testing and Client Assessment | 3 |  |
| 1. COUN | 648 | Foundations of Career Development | 3 |  |
| 1. COUN | 631 | Counseling for Lifespan Development | 3 |  |
| 1. COUN | 655 | Social and Cultural Issues in Counseling | 3 |  |
| 1. COUN | 676 | Professional Issues in School Counseling | 3 |  |
| 1. COUN | 677 | School Culture, Learning, and Classroom Management | 3 |  |
| 1. COUN | 678 | Counseling Children and Adolescents in School Settings | 3 |  |
| 1. COUN | 679 | School Counseling Program Development | 3 |  |
| 1. COUN | 668 | Internship in School Counseling | 3 |  |
| 1. COUN | 668 | Internship in School Counseling | 3 |  |
|  |  | Growth Group |  |  |
|  |  | Background Check |  |  |
|  |  | Comprehensive Exam |  |  |
|  |  | Hours Total\*\* | 45 |  |

*Students: by signing my name, I’m agreeing that I have read and will abide by this handbook.*

Student Name: Student Signature: Date:

Advisor Name: Advisor Signature: Date:

# \*\*The above plan of study assumes courses required for research are completed in the prior master’s degree program. This plan also does not meet Virginia Board of Counseling LPC educational requirements.

# Ed.S. Plan of Study for the Counseling Graduate Program

# Dual credential Clinical Mental Health and School Counseling Concentrations

**Name:**

**For Office/Advisor Use**

**Please initial and date when completed:**

***Initial Date***

*\_\_\_\_\_ \_\_\_\_\_ Students’ registration hold moved*

*\_\_\_\_\_ \_\_\_\_\_ Form scanned & emailed to student &*

*advisor*

*\_\_\_\_\_ \_\_\_\_\_ Form saved to the K drive*

**UIN:**

**Concentration:**

**Advisor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Number** | **Name** | **Credits** | **Date Taken** |
| 1. COUN | 601 | Principles of Professional Counseling and Ethics | 3 |  |
| 1. COUN | 633 | Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 650 | Theories of Counseling and Psychotherapy | 3 |  |
| 1. COUN | 634 | Advanced Counseling and Psychotherapy Techniques | 3 |  |
| 1. COUN | 642 | Structured Counseling Groups | 3 |  |
| 1. COUN | 645 | Testing and Client Assessment | 3 |  |
| 1. COUN | 648 | Foundations of Career Development | 3 |  |
| 1. COUN | 631 | Counseling for Lifespan Development | 3 |  |
| 1. COUN | 655 | Social and Cultural Issues in Counseling | 3 |  |
| 1. COUN | 676 | Professional Issues in School Counseling | 3 |  |
| 1. COUN | 677 | School Culture, Learning, and Classroom Management | 3 |  |
| 1. COUN | 678 | Counseling Children and Adolescents in School Settings | 3 |  |
| 1. COUN | 679 | School Counseling Program Development | 3 |  |
| 1. COUN | 669 | Practicum in Counseling | 3 |  |
| 1. COUN | 668 | Internship in School Counseling | 3 |  |
| 1. COUN | 668 | Internship in School Counseling | 3 |  |
| 1. COUN | 685 | Diagnosis and Treatment Planning in Mental Health Counseling | 3 |  |
| 1. COUN | 647 | Addictive Disorders | 3 |  |
| 1. COUN | 691 | Family Systems and Family Development | 3 |  |
| 1. COUN | Elective |  | 3 |  |
|  |  | Growth Group |  |  |
|  |  | Background Check |  |  |
|  |  | Comprehensive Exam |  |  |
|  |  | Hours Total\*\*\* | 60 |  |

*Students: by signing my name, I’m agreeing that I have read and will abide by this handbook.*

Student Name: Student Signature: Date:

Advisor Name: Advisor Signature: Date:

# \*\*\*The above plan study assumes no coursework from the prior master’s degree will count for any requirement. It also facilitates completion of the educational requirements for both the LPC and the Licensed School Counselor credentials in Virginia.