

The University of Iowa
College of Education

Graduate Programs: Endorsement #172 – School Counselor K-8 and/or
Endorsement #173 – School Counselor 5-12

Effective Fall 2006

REQUIREMENTS:

1. Master's Degree.
2. An applicant must complete a minimum of 20 s.h. at The University of Iowa to receive recommendation for this endorsement based on completion of approved program.
3. At the time of application for this endorsement, a completed copy of this program guide signed by the College of Education adviser must accompany the licensure application.
4. All transfer credit or substitution of courses for those listed must be approved by the designated College of Education adviser.

STUDENTS WITHOUT A REGULAR IOWA TEACHING LICENSE MUST COMPLETE THE FOLLOWING COURSES FOR LICENSURE AS A SCHOOL COUNSELOR:

Check off each course completed:

- 7E/S:100 Foundations of Education 3 s.h.
 7P:200 Educational Psychology 3 s.h.
 7U:100 Foundations of Special Education 3 s.h.

Approved substitutions

PROGRAM COURSE DISTRIBUTION: Check off each course completed.

All of the following (54 s.h.):

- 7C:137 Introduction to Educating Gifted Students 3 s.h.
 7C:200 Professional School Counselor 3 s.h.
 7C:202 Introduction to Group Counseling 3 s.h.
 7C:203 Career Development 3 s.h.
 7C:204 School Culture & Classroom Management for School Counselors 2 s.h.
 7C:221 Theory of Counseling & Human Development Across the Life Span 3 s.h.
 7C:222 Counseling Children & Adolescents in Schools 3 s.h.
 7C:223 Counseling Gifted and Talented Students 3 s.h.
 7C:230 School Counseling Program Leadership and Management 3 s.h.
 7C:250 Multiculturalism in Helping Professions 3 s.h.
 7C:254 Action Research I: Assessment/Appraisal 3 s.h.
 7C:256 Action Research II: School-Based Field Research 3 s.h.
 7C:278 Applied Microcounseling 3 s.h.
 7C:300 Practicum in School Counseling 3 s.h.
 7C:321 Internship in Elementary School Counseling 3 s.h.
 7C:322 Internship in Secondary School Counseling 3 s.h.
 7B:206 Research Process and Design 3 s.h.
 7U:140 Characteristics of Disabilities 3 s.h.

Approved substitutions

Student Name: _____

Adviser signature at the bottom of the Practicum and Internship Information page verifies program approval.

Practicum and Internship Information:

Practicum:

Semester and year completed: _____

School and district: _____

Clock hours completed: _____

Grade level: _____

Practicum supervisor: _____

Internship:

Semester and Year completed: _____

Elementary school and district: _____

UI Internship supervisor: _____

UI Internship supervisor signature: _____ **Date:** _____

Secondary school and district: _____

UI Internship supervisor: (if different from above) _____

UI Internship supervisor signature: _____ **Date:** _____

TOTAL CLOCK HOURS COMPLETED: _____

Adviser signature: _____ **Date:** _____

Student signature: _____ **Date:** _____