

Counseling Techniques and Case Analysis: School Guidance Counseling

Graduate Student: _____ **ID @** _____ **Semester/Year** _____

This document verifies that _____, a student in the Graduate Counseling Program at Fitchburg State University, is/will be engaged in this field experience, in partial fulfillment of the requirements for the Master’s of Science degree in Counseling at:

Field Site (Agency/School) _____

Field Site Supervising Practitioner(s): _____ **Position/Title** _____

Field Site Address: _____

Field Site Telephone: _____ **Email:** _____

Duties/Activities:

The student will spend ____ hours counseling students and performing other organizational duties. Students are expected to:

- Apply **knowledge** of counseling techniques and increase **skill** in counseling interactions with students.
- Exhibit an **ethical and caring and professional** approach to all assigned duties, including: working closely with counseling personnel and students; being able to relate and apply counselor-made materials for use in counseling sessions based on the specific needs and characteristics of developing students.
- Provide a descriptive **report** outlining his/her field experience activities.
- **Additional Duties/Activities:**

We understand and agree to the above-stated requirements (Signatures required below). In addition, in signing, the student acknowledges that he/she is aware that a criminal history check (including a CORI and fingerprinting) may be required prior to some field experiences and that some findings may result in the denial of Massachusetts Licensure.

Graduate Student Signature: _____ **Date:** _____

Course Instructor Signature: _____ **Date:** _____

Field Site Supervising Practitioner Signature: _____ **Date:** _____



Directions for Course Instructors

SGC students: white (licensure) and yellow copies to program advisor; pink copy for student records