

Occupational Information and Career Counseling

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 (School/Agency) _____

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

Field Site Address: _____

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

Duties/Activities:

The student will spend ____ hours in a Middle or High school setting becoming familiar with guidance counseling services, programs and resources for students in grades 5 through 12. Students are expected to:

- Increase **knowledge** regarding college and career resource materials and career development activities in all mediums (print, computer, audio-visual, etc) and the role of the school guidance counselor in the day-to-day operations of the college and career development department.
- Demonstrate and increase **skill** in interactions with others (faculty, peers, students, parents, and school personnel) in guiding and facilitating activities that promote college and career readiness.
- Exhibit an **ethical and caring and professional** approach to all assigned duties, including: working closely with counseling personnel and students/clients; being able to relate and apply counselor-made materials for use in college and career counseling 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

