# PROGRAM CHANGE APPLICATION FORMFOR SCHOOL COUNSELOR PROGRAMS

**OFFICE OF COLLEGE AND UNIVERSITY EVALUATION**

#### Important Information:

|  |
| --- |
| * This application should be used by all institutions of higher education who are seeking to **change a registered program leading to Initial and/or Professional certification in School Counseling**
 |
| * **DO NOT** use this application to request the following:
 |
| * + Changes to teacher, educational leader, or other pupil personnel services programs; or professional licensure programs
	+ Programs leading to general academic study
	+ Only title changes to registered programs
	+ Only discontinuance of existing registered programs
	+ Registration of a new program
 |
| * **Program registration standards** are defined in Subchapter A of the Regulations of the Commissioner of Education (Chapter II of Title 8 of the Official Compilation of Codes, Rules and Regulations of the State of New York). NOTE: For information about the application of these standards, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/program-registration-guidance-documents>
 |
| * This application includes **attestations and assurances** affirming an institution’s compliance with program registration standards. If an institution is found to be out of compliance with a standard to which it attested compliance, that finding may lead to denial of: (1) registration or re-registration of the program, pursuant to §52.1(l) of the Regulations, and (2) the ability of the institution to utilize attestations in future applications for program registration.
 |
| * **Upon review by the Department, questions regarding this application** will be sent to the institution contact designated by the institution’s President or Chief Executive Officer (i.e., the CEO Designee), as applicable. NOTE: If an institution has not identified a CEO Designee, questions will be sent to the institution’s President or Chief Executive Officer.
 |
| * + SUNY and CUNY institutions must contact System Administration for program registration guidance.
 |
| * The Department reserves the right to request additional information and/or clarification of any information provided by the institution on this application. NOTE: This may include the need for **external review**, depending on the scope of the proposed changes.
 |

#### Required Supplemental Materials:

|  |
| --- |
| * If the proposed program change requires **External Review**, an External Review Evaluation Report form and related documents must be submitted with this application. NOTE: For information about external review, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/external-reviews>
 |
| * If the proposed program change requires **Master Plan Amendment**, a Master Plan Amendment Supplement form must be submitted with this application. NOTE: For information about master plan amendment, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/proposals-requiring-master-plan-amendment>
 |
| * If the proposed program change requires **Charter Amendment or Amendment of Certificate of Incorporation**, a petition for charter amendment or an application for Commissioner’s consent must be filed with the Department’s Office of Counsel (<http://www.counsel.nysed.gov/>) when this application is submitted. NOTE: For information about charter amendment or amendment of certificate of incorporation, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/proposals-requiring-charter-amendment-or-amendment-certificate>
	+ ***Reminder for SUNY, CUNY, and Proprietary institutions***:

If the proposed program change requires **Regents Authorization for the Degree Award**, a memorandum or executive summary from the institution’s Board of Trustees, or similar, must be submitted with this application.  |
| * If newly developed courses have been added as part of the proposed program change, **course syllabi** for all such courses must be submitted with this application. NOTE: For information related to course syllabi expectations, please review the Program Registration Guidance Document. <http://www.nysed.gov/college-university-evaluation/department-expectations-curriculum>
 |

#### Submission Instructions:

|  |
| --- |
| 1. Complete this application in its entirety. ***NOTE: Completed applications must include the application form and any applicable program schedule(s), faculty table(s), and supplemental materials. Incomplete applications will be returned.***
 |
| 1. Save the completed application as a ***searchable*** PDF document; ***DO NOT SCAN***.
 |
| 1. Submit the ***searchable*** PDF document via e-mail to OCUEedapps@nysed.gov with the subject line: “*Change, Institution, Award, Program*” (e.g., SUBJECT: Change, XYZ College, MA, School Counseling) ***NOTE: Program change applications will be accepted as searchable PDFs only.***
 |
| *NOTE: All requests for program changes for SUNY and CUNY institutions must be submitted through the applicable System Administration.* |

# PROGRAM CHANGE APPLICATION FORMFOR SCHOOL COUNSELOR PROGRAMS

**OFFICE OF COLLEGE AND UNIVERSITY EVALUATION**

#### SECTION I – Program Change Specifics

|  |
| --- |
| SED Institution ID:  |
| Institution Name (Campus):  |
| SED Program Code:  |

* Is the program to be changed registered at ***Multiple Campus Locations***? **<SELECT YES/NO>**

If **YES**, identify the following for each additional campus location and include separate faculty tables for each program to be changed at each campus location (Refer to **SECTION III**, Question #6H):

|  |  |  |
| --- | --- | --- |
| SED Institution ID:   | Institution Name (Campus):   | SED Program Code:   |

* If **YES** for any of the following, applicable ***Supplemental Materials*** must be included with this application:

|  |
| --- |
| Is External Review required? **<SELECT YES/NO>**  |
| Is Master Plan Amendment required? **<SELECT YES/NO>**  |
| Is Charter Amendment or Amendment of Certificate of Incorporation required? **<SELECT YES/NO>**  |
| Is Regents Authorization required (*for SUNY, CUNY, and Proprietary institutions*)? **<SELECT YES/NO>**  |

* Identify all ***Program Change*** actions:

|  |  |
| --- | --- |
| [ ]  Title Change  | Proposed Title: NOTE: If this is the only change to the program, do not use this application. Submit the [Title Change Application Form for Registered Programs](http://www.nysed.gov/common/nysed/files/title-change-request-form.docx).  |
| [ ]  Award Change  | Proposed Award:  |
| [ ]  Total Credits Change  | Proposed Total Credits for Award:  |
| [ ]  HEGIS Code Change  | Proposed HEGIS Code:  |
| [ ]  Discontinuance  | Discontinue Date: **<ENTER DATE>** *IMPORTANT: A discontinue date (i.e., the date the program is to be terminated) that does not fall on the first of a month defaults to the first of the following month in the IRP.* |
| [ ]  Curricular Change |  |
| [ ]  Financial Aid Change |  |
| [ ]  Format Change |  |

* Is a ***Placeholder*** needed to retain the current program for currently enrolled students? **<SELECT YES/NO>**

|  |
| --- |
| If **YES**, identify a ***Discontinue Date*** for the placeholder: **<ENTER DATE>**  |

* If any existing ***Related Programs*** (e.g., Multiple‑Award (M/A), Certificate (CERT), Advanced Certificate (ADV CRT), Master of Philosophy (M PHIL), etc.) are to be changed as a result of this program change, identify the following for each program to be changed:

|  |  |  |
| --- | --- | --- |
| SED Program Code:   | Program Title:   | Award:   |

#### SECTION II – Institutional Attestation

|  |
| --- |
| **On behalf of the institution, I hereby attest that the proposed changes do not impact the program’s alignment with institutional goals and objectives and the program’s ability to meet all statutory and regulatory requirements, including but not limited to Parts 50, 52, 53 and 54 of the Regulations of the Commissioner of Education.** |

**All identified fields in this section must be completed in order to confirm attestation.**

|  |  |
| --- | --- |
| Name and Title of President/Chief Executive Officer (or institution’s designated SED contact) \*:  |   |
| Email Address:  | Phone Number:  |
| Signature: (REQUIRED) **<ENTER SIGNATURE>**  | Date: (REQUIRED) **<ENTER DATE>** |

**If the program is a multiple-institution program, the partner institution must provide the following information:**

|  |  |
| --- | --- |
| Name and Title of Partner Institution President/Chief Executive Officer (or institution’s designated SED contact): \* |   |
| Partner SED Institution ID:  | Partner Institution Name:  |
| Email Address:  | Phone Number:  |
| Signature: (REQUIRED) **<ENTER SIGNATURE>**  | Date: (REQUIRED) **<ENTER DATE>** |

**\* NOTE: This application must be signed by either the institution’s President/Chief Executive Officer (CEO) or the designated contact on file with the Office of College and University Evaluation, as authorized by the President/CEO.**

#### SECTION III – Description of Program Changes

###### Provide a brief narrative describing the proposed changes.

|  |
| --- |
|   |

###### Select all requested Curricular Changes

|  |
| --- |
| [ ]  Adding or Deleting a certificate to the program (ex. Professional School Counselor, Bilingual Education Extension) |
| [ ]  Change in the total number of credits for the advanced certificate program  |
| [ ]  Change in coursework addressing any of the eight core content areas  |

###### Select all requested Format Changes

|  |
| --- |
| [ ]  Change in the program’s format * If program is currently registered in the Day schedule and Standard mode, indicate if these formats should remain when changing/adding additional program formats.
* If 50% or more of the program can be completed online, the program must be registered in the Distance Education format mode. ***NOTE: Hybrid/Blended courses do not count toward the 50% calculation.***
* Refer to the Format Definitions section of the Department’s Guidance Document for Program Registration. <http://www.nysed.gov/college-university-evaluation/format-definitions>.
 |
| Identify format changes below: |
| **SCHEDULE**: [ ]  Evening [ ]  Evening/Weekend [ ]  Weekend [ ]  Day**\*\*** |
| **MODE**: [ ]  Accelerated [ ]  Distance Education [ ]  External [ ]  Independent Study [ ]  Standard**\*\*** |
| **OTHER**: [ ]  Bilingual [ ]  Cooperative [ ]  Language [ ]  Upper-Division |
| \*\* The **Day schedule** and **Standard mode** are default program formats in the Inventory of Registered Programs and will only appear on an institution’s IRP listing if selected in addition to another format. NOTE: If the program is currently registered in the **Day schedule** and **Standard mode**, indicate if these formats should remain if adding additional program formats. |

###### Curriculum Information

* Refer to the requirements in §52.2(c) and 52.21 (d) of the Regulations concerning completion of master’s degree and advanced certificate programs leading to school counselor certification. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>

|  |
| --- |
| 1. **For Changes to the Program’s Curriculum Addressing the Eight Core Content Areas, Include**
2. Catalog Course Descriptions and New Course Syllabi
3. [Complete Table A:](#Table_A_SIDE_BY_SIDE) Side-By-Side Curriculum Comparison
4. [Complete Table B](#Table_B_Masters_Initial_Only) and/or [Table C](#Table_C_Masters_Init_Prf) and/or [Table D](#Table_D_ADV_CRT): Include the applicable sample program schedule(s) to show the sequencing and scheduling of courses in the proposed program.
5. [Complete Table E](#Table_E_FACULTY): The Faculty Chart
6. [Complete Table F](#Table_F_Meeting_Content_Core): Meeting the Core Content Areas
 |
| 1. **For changes to the School Counseling Practicum and Internship Experiences**
2. [Complete Table G](#Table_G_Practicum): School Counseling Practicum Experiences
3. [Complete Table H](#Table_H_Internship): College Supervised School Counseling Internship
 |
| 1. **Adding the Bilingual Education Extension**
2. [Complete Table I:](#Table_I_BILING_ED_EXT) The Bilingual Education Extension Curriculum and Field Experience Chart
3. [Complete Table E](#Table_E_FACULTY): The Faculty Chart
 |
| 1. If the program’s proposed curriculum is to be offered in *multiple* program formats (e.g., Distance Education and Standard, Evening and Day, etc.), describe any differences that exist in delivery of the program (e.g., culminating experience, faculty/student engagement, instructional time, schedule, calendar, etc.). Corresponding sample program schedules should be included as applicable.

  |
| 1. If newly developed courses are being added to an **ADVANCED CERTIFICATE** program, identify the associated degree program(s) at the institution to which the credits apply:
 |

|  |  |  |
| --- | --- | --- |
| SED Program Code:   | Program Title:   | Award:   |

###### Financial Aid Eligibility

Program eligibility for New York State financial aid must be re-evaluated when a program change is requested.

* Refer to §52.2(c) and §145-2.1 of Regulations for definitions and information concerning full‑time and part‑time study. <http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>.
* Full-time study for New York State student financial aid programs is defined in Regulation as enrollment of at least 12 credits per semester for both undergraduate and graduate programs.
* Only programs registered as full-time are eligible for the Tuition Assistance Program (TAP).
* Programs are subject to audit by the NYS Office of the State Comptroller (OSC) and the Higher Education Services Corporation (HESC) for financial aid compliance purposes.

|  |
| --- |
| 1. Based on the information above, indicate whether the program’s proposed curriculum can be completed on a full-time and/or part-time basis. NOTE: The sample program schedule(s) included with this application should reflect the selection(s) below. (Refer to **SECTION III**, Question #4B)

[ ]  Full-Time [ ]  Part-Time [ ]  Full-Time and Part-Time |

**Table A: Side-by-Side Curriculum Comparison**

* Use the table to compare the curriculums of the current and proposed programs; copy/expand the table as needed.
* List all curricular requirements (e.g., relevant prerequisite courses, core and elective courses, program options, related internships/practicums, etc.) with changes highlighted.

**Comparison Table:**

| **Current Program** |  |  |  | **Proposed Program** |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Number and Title | Credits | Required or Elective |  | Course Number and Title | Credits | Required or Elective |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Credit Total:** |  |  |  | **Credit Total:** |  |  |

**Table B: Program Schedule – Master’s Degree for Initial Certification Only must include at least 48 S.H.**

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type: [ ]  Semester [ ]  Quarter [ ]  Trimester [ ]  Other (explain):

**Term: Term:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |  | Course Number & Title | Cr | LAS | MAJ | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

***PROGRAM TOTALS*: Credits: Culminating Experience:**

**Table C: Program Schedule – Master’s Degree for Initial and Professional Certification must include at least 60 S.H.**

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type: [ ]  Semester [ ]  Quarter [ ]  Trimester [ ]  Other (explain):

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***PROGRAM TOTALS*: Credits:** **Culminating Experience:**

 *Key*: **Cr** = credits **NEW** = indicate if new course **Prerequisites** = list prerequisite(s) for the noted courses

**Table D: Program Schedule – Advanced Certificate for Professional Certification Only must include at least 12 S.H.**

* Use the table to show how a typical student may progress through the program; copy/expand the table as needed.
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2, etc.).
* Indicate academic calendar type: [ ]  Semester [ ]  Quarter [ ]  Trimester [ ]  Other (explain):

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Term: Term:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course Number & Title | Cr | NEW | Prerequisites |  | Course Number & Title | Cr | NEW | Prerequisites |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

***PROGRAM TOTALS*: Credits:**

 *Key*: **Cr** = credits **NEW** = indicate if new course **Prerequisites** = list prerequisite(s) for the noted courses

**Table E: Faculty Tables**

**Current Faculty**

* For *undergraduate degree programs*, provide information on faculty members who will be teaching ***each course in the major***.
* For *graduate degree and certificate/advanced certificate programs*, provide information on faculty members who will be teaching ***all courses in the program***.
* For *all programs*, ***identify the program director\*\****.

**REMINDER: Consistent with §52.2(b) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty Member***identify name, title, and rank* | **Status***identify full-time, part-time, or adjunct* ***at the institution*** | **List All Degrees and Disciplines***identify degree award, discipline, and institution* | **Number of Credits Taught***per academic term in all programs* ***at the institution*** | **Expected Course Assignments***identify course number and title* ***in the program*** | **Additional Qualifications***identify academic and professional competence* ***relevant to course assignments*** *and program responsibilities, including delivery of instruction through alternate formats (e.g., online, etc.)* |
| ***\*\* Program Director***: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Faculty to be Hired**

* Identify the job title, courses to be taught, and qualifications for each position; and specify the timeline by which the faculty member(s) will be hired.
* Institutions must have *sufficient* faculty in place to initiate the program. Faculty to be hired are not considered as being in place to support the program.

**REMINDER: Consistent with §52.2(b) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** **<http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations>**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title and Rank** | **Status***identify full-time, part-time, or adjunct* ***at the institution*** | **Expected Hiring Date***identify month and year* | **Expected Course Assignments***identify course number and title* ***in the program*** | **Minimum Qualifications***identify degree award and discipline; and additional academic and professional qualifications as applicable* |
| ***\*\* Program Director***: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table F: Meeting the Core Content Areas**

* **Complete if Registering a Master’s Level Program for Initial or Initial and Professional Certification**
* **Department Expectations: MUST INCLUDE ALL EIGHT CORE CONTENT AREAS OF SCHOOL COUNSELING**The Department does not expect a one-to-one correspondence between each individual course and a core content area. It is more likely that the required core areas and subarea content will be addressed across multiple courses. Syllabi submitted should evidence the core content area and subareas the course is addressing.

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

|  |
| --- |
| **1. FOUNDATIONS IN PROFESSIONAL SCHOOL COUNSELING.** **SUBAREAS INCLUDE:** UNDERSTANDING THE HISTORY AND PURPOSE/PHILOSOPHY OF, AND THE LAWS, POLICIES, AND REGULATIONS GOVERNING SCHOOL COUNSELING. SCHOOL COUNSELORS ENGAGE IN CONTINUOUS PROFESSIONAL GROWTH AND DEVELOPMENT, ADVOCATE FOR APPROPRIATE SCHOOL COUNSELOR IDENTITY AND ROLES, AND ADHERE TO ETHICAL PRACTICES. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title.** **Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
| *Sample>Couns 101: An Introduction to The Counseling Profession* | *3* | *School counselors engage in continuous growth and dev.* | *Sarah sample/PT* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **2. CAREER DEVELOPMENT AND COLLEGE READINESS.** **SUBAREAS INCLUDE:** USING A VARIETY OF RESEARCH-BASED SCHOOL COUNSELING APPROACHES TO PROVIDE SERVICES TO MEET THE CAREER NEEDS OF ALL STUDENTS |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **3. SUPPORTIVE SCHOOL CLIMATE AND COLLABORATIVE WORK WITH SCHOOL, FAMILY AND COMMUNITY.** **SUBAREAS INCLUDE**: COLLABORATING WITH COLLEAGUES, FAMILIES, AND COMMUNITY MEMBERS TO CULTIVATE AN INCLUSIVE, NURTURING, AND PHYSICALLY SAFE LEARNING ENVIRONMENT FOR STUDENTS, STAFF AND FAMILIES. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **4. EQUITY, ADVOCACY AND DIVERSITY IN PROGRAMMING AND IN SUPPORT OF STUDENTS.****SUBAREAS INCLUDE:** UNDERSTANDING CULTURAL CONTEXTS IN A MULTICULTURAL SOCIETY, DEMONSTRATING FAIRNESS, EQUITY AND SENSITIVITY TO EVERY STUDENT, ADVOCATING FOR EQUITABLE ACCESS TO INSTRUCTIONAL PROGRAMS AND ACTIVITIES. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **5. CHILD GROWTH, DEVELOPMENT AND STUDENT LEARNING.** **SUBAREAS INCLUDE:** USING KNOWLEDGE OF CHILD DEVELOPMENT, INDIVIDUAL DIFFERENCES, LEARNING BARRIERS, AND PEDAGOGY TO CONTRIBUTE TO AND SUPPORT STUDENT LEARNING |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **6. GROUP AND INDIVIDUAL COUNSELING THEORIES AND TECHNIQUES.** **SUBAREAS INCLUDE:** USING A VARIETY OF RESEARCH-BASED COUNSELING APPROACHES TO PROVIDE PREVENTION, INTERVENTION, AND RESPONSIVE SERVICES TO MEET THE ACADEMIC, PERSONAL, SOCIAL AND CAREER NEEDS OF ALL STUDENTS. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **7. BEST PRACTICES FOR THE PROFESSION AND IN SCHOOL COUNSELING PROGRAMMING.****SUBAREAS INCLUDE:** ASSESSING, DEVELOPING, IMPLEMENTING, LEADING, AND EVALUATING A DATA-DRIVEN, COMPREHENSIVE SCHOOL COUNSELING PROGRAM THAT UTILIZES BEST PRACTICES AND ADVANCES THE SCHOOL’S MISSION. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **8. RESEARCH AND PROGRAM DEVELOPMENT.** **SUBAREAS INCLUDE:** USING RESEARCH AND EVALUATION TO ADVANCE SCHOOL COUNSELING PROGRAMS, THEIR COMPONENTS AND THE PROFESSION. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Subarea Covered** | **Instructor(s)/Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Table G: School Counseling Practicum Experiences**

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

* Practicum Experiences: Programs in School Counseling must contain 100 hours of practicum, including a minimum of 40 hours of direct student contact and a minimum of 60 hours developing, implementing and evaluating key school counseling program elements.

**Practicum: Direct Student Contact Hours**

**Complete for courses that meet the college-supervised school counseling practicum requirement of a minimum of 40 Clock Hours of Direct Student Contact in Group Counseling, Individual Counseling and School Counseling Core Curriculum Lesson Delivery.** Add Rows as Needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours of Direct Contact**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Practicum: Hours Focused on Developing, Implementing and Evaluating Key School Counseling Program Elements**•

**Complete for courses that meet the college-supervised school counseling practicum requirement of a minimum of 60 Clock Hours on Developing, Implementing and Evaluating Key School Counseling Program Elements such as.**

|  |  |  |
| --- | --- | --- |
| **(i) Student Outcomes and Standards,****(ii) Curriculum,****(iii) Individual Student Needs and Plans,****(iv) Responsive Services,** | **(v) Consultation with Others on Behalf of Student,****(vi) Time Management,****(vii) School Counseling Program Goals,****(viii) Data Analysis,** | **(ix) Action Plans,****(x)-Calendars/Schedules, And****(xi) Advisory Panels, Councils and Committees** |

Add Rows as Needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Table H: College Supervised School Counseling Internship**

**REMINDER: Consistent with §52.21(d) of the Regulations, the information provided below must demonstrate that the institution is in compliance with all requirements relating to faculty.** [**http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations**](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations)

* Programs in School Counseling must contain a minimum of 240 clock hours of direct student contact and a minimum of 360 clock hours in developing, implementing, and evaluating key school counseling program elements. A minimum of 300 clock hours of the internship must be in grades K-8 and a minimum of 300 hours of the internship must be in Grades 9-12.

**Internship: Direct Student Contact Hours**

**Complete for courses that meet the minimum of 240 Hours of Direct Student Contact. Ensure that a minimum of 300 hours is in Grades K-8 and a minimum of 300 hours is in Grades 9-12.** Add Rows as Needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours of Direct Contact**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Internship: Hours Focused on Developing, Implementing and Evaluating Key School Counseling Program Elements**•

**Complete for courses that meet the minimum of 360 Hours in Developing, Evaluating and Implementing Key Elements of School Counseling such as**

|  |  |  |
| --- | --- | --- |
| **(i) Student Outcomes and Standards,****(ii) Curriculum,****(iii) Individual Student Needs and Plans,****(iv) Responsive Services,** | **(v) Consultation with Others on Behalf of Student,****(vi) Time Management,****(vii) School Counseling Program Goals,****(viii) Data Analysis,** | **(ix) Action Plans,** **(x)-Calendars/Schedules, And****(xi) Advisory Panels, Councils and Committees** |

Ensure that a minimum of 300 hours is in Grades K-8 and a minimum of 300 hours is in Grades 9-12. Add Rows as Needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number and Title** | **Instructor** | **Grade Level** | **Clock Hours**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Table I: Curriculum and Field Experience Hours for the Bilingual Education Extension**

Programs leading to extensions authorizing the provision of bilingual education for certificates in school counselor shall require at least 12 semester hours of:

1. study that will permit the candidate to obtain the following knowledge, understanding and skills:
	1. theories of bilingual education and bilingualism;
	2. multicultural perspectives in education;
	3. sociolinguistics and psycholinguistics;
	4. methods of providing school counselor services as appropriate to the school counselor certificate to bilingual English language learners, using the native language and English; and
2. college-supervised field experiences of at least 50 clock hours in providing bilingual services, as appropriate to the school counselor certificate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course(s) Number and Title. Ensure that all Subareas are covered in listed courses.** | **CREDIT HRS.** | **Area Covered Select (1)-(4) from above** | **Field Experience hours** | **Instructor(s)/Status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |