



OFFICE OF PATHWAYS TO COLLEGE AND CAREER K-12 Counseling & Advising Department

SCHOOL COUNSELOR PRACTICUM/INTERNSHIP SITE SUPERVISOR APPLICATION

Please PRINT this application and sign where required. Note: A copy of your OPCC school counseling implementation plan OR a copy of weekly work schedule and sample classroom guidance lesson OR statement (500 words or less) detailing how you have implemented the ASCA National Model framework must accompany this application. All applications and required documentation must be completed fully and are due no later than February 17, 2012 in order to be considered. Submit electronically to counselorintern@cps.k12.il.us or hard copy to OPCC, Attention: K-12 Advising, 125 S. Clark St., 12th FL, GSR# 125. Note: Completion of this application does not guarantee placement of an intern/practicum student.

SCHOOL COUNSELOR INFORMATION

Elementary School Counselor Secondary School Counselor Are You Case Manager? Yes No
Full Name (Last, First, Middle Initial): _____ Gender: _____
School Name: _____ Address: _____
GSR#: _____ Direct Phone #: _____ Direct Fax #: _____
E-Mail Address: _____ Attended Orientation to Supervision: Yes No

SCHOOL SITE INFORMATION

Principal Name: _____ Principal E-Mail Address: _____
CPS Network: _____ Grade Levels: _____ Student Population #: _____
CPS Collaborative: North/Northwest Side West Side South Side Southwest Side Far South Side
Unique Requirements/Info about School: _____
Special Requests of Intern: _____

EXPERIENCE

(Note: You must attach a copy of your OPCC school counseling implementation plan OR a copy of weekly work schedule and sample classroom guidance lesson OR statement (500 words or less) describing specifically how you have implemented the ASCA National Model framework in your counseling program in order for application to be considered.)

Do You Possess Type 73: Yes No # Years as School Counselor with ISBE Type 73, Including This Year: _____
Additional Licensure/Certificates: LPC LCPC NBCC Teaching Certificate Other: _____
To What Extent Do You Conduct ASCA Model Recommended Counseling Duties Addressing Students' Personal/Social, Career, and Academic Needs? Above Average Average Below Average Not Sure
To What Extent Do You Utilize the ASCA National Model in Implementing Your School Counseling Program?
 Above Average Average Below Average Not Sure
Have You Supervised a Practicum/Internship Student Previously? Yes No If Yes, How Many Total? _____
If Yes, Which University/Universities Did You Work With? _____

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RECOMMENDATIONS AND REFERENCES

(Note: Recommendations from former school counselor interns you directly supervised are preferred. References must have first-hand knowledge of your counseling program and qualifications. By providing this information, you give CPS permission to contact these individuals.)

Name:

Name:

Organization:

Organization:

Relationship:

Relationship:

Primary Phone #:

Primary Phone #:

Secondary Phone #:

Secondary Phone #:

E-Mail Address:

E-Mail Address:

AGREEMENT STATEMENTS

School Counselors should please read the statements carefully and initial each to indicate your understanding and agreement.

___ I understand that this application is a pre-screening tool for the K-12 Advising Department to identify highly qualified practicum/internship site supervisors who are committed to the future of the school counseling profession.

___ I understand there may be additional protocol to comply with as needed (i.e. observation, school visit, and submittal of documentation, etc.)

___ I understand that by completing this application, I am not guaranteed a placement during the next school year.

___ I understand there are specific university qualifications and protocols that need to be adhered to if a school counselor student is placed under my supervision.

___ I am willing to provide supervision and learning opportunities in the practicum/internship to the extent required by the university.

___ I understand the materials submitted to the K-12 Advising Department with this application will not be returned to me but will become the property of the Office of Pathways to College and Career.

___ I verify the information given in this application is true to the best of my knowledge.

SIGNATURES OF COMMITMENT

Signatures signify that you are interested and committed to supervising a school counselor practicum/intern student at your school site during the next school year.

SIGNATURE of SCHOOL COUNSELOR

DATE

SIGNATURE of SCHOOL PRINCIPAL

DATE

OPPC OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Assigned: _____

Date Received: _____ Database Entry Date: _____ Verification Date: _____ Notification Date: _____

Approval Status: A B C Referred to University: _____ Intern Placement: _____

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