**TEXAS STATE-SAN MARCOS PROFESSIONAL COUNSELING PROGRAM**
**Deficiency Plan Worksheet School Counselors**

*Applicants must have a graduate degree in Counseling or Related field.*

**Name: _____ Address: _____**

**City/Zip: _____ Phone(s): _____**

**SSN & Tx State ID # _____/_____ E-Mail (permanent) _____**

**Information needed by Certification Office:**

**US Citizen:** Yes / No **Completed 2 years classroom teaching:** Yes / No

**School District** : _____**Contact person: _____**

**ISD Fax #:** _____

**Master's Degree**: _____ **From**: _____**Year granted**: _____

| Course | Course Substituted or Sem/Yr taken at Tx | Approved by: | Hrs. done | Hrs. needed |
|---|---|---|---|---|
| **Level 1 Beginning Courses (no pre-requisites)** | | | | |
| COUN 5305 Assessment in Counseling | | | | |
| COUN 5307 Theories of Counseling & Personality | | | | |
| COUN 5316 Counseling Diverse Populations | | | | |
| COUN 5328 Counseling in Schools: Orientation & Ethics | | | | |
| COUN 5355 Career Counseling | | | | |
| COUN 5368 Developmental Issues in Counseling Children, Adolescent & Adults | | | | |
| COUN 5391 Research Seminar | | | | |
| **Level 2 Intermediate Courses** | | | | |
| COUN 5354 Basic Techniques in Coun (pr: 5328) | | | | |
| COUN 5358 Dynamics & Processes in Group Coun (pr: 5354, 5307) must take with COUN 5158 | | | | |
| COUN 5158 Group Counseling Pre-Practicum (must take with COUN 5358) | | | | |
| COUN 5359 Abnormal Human Behavior | | | | |
| COUN 5369 Child & Adolescent Counseling Methods | | | | |
| **Level 3 Advanced Courses (taken in sequence)** | | | | |
| COUN 5370 Intermediate Methods in Counseling Adol. (pr: 5354, 5369) | | | | |
| COUN 5373 Intermediate Methods in Play Therapy (pr: 5354, 5369) | | | | |
| COUN 5689 Clinical Practicum (pr: 5370 or 5373) | | | | |
| COUN 5389 Site-Based Internship in School Setting (pr: 5689) | | | | |
| **TOTAL HOURS** | | | *Credited* | *Needed* |

***I understand that if I later apply to Tx State-San Marcos as a degree seeking student in the Professional Counseling Program, only 6 hrs. will be transferred.***

_____ _____

*Applicant* *Date* *Approved by Deficiency Plan Coordinator* *Date*

Rev.11/15/2006