



Application to Supervise a Counseling Practicum Student or Intern

Office of Student and Community Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PART I: REQUEST. To be completed by any counselor who would like to be a supervising counselor. PLEASE PRINT CLEARLY

School name _____ Subject _____

Name _____ Grade _____
Last First Middle

I would like to be a supervising counselor during the school year _____

I will accept a Practicum Student/Internship Student
(Assignment will depend on the number of preservice students requesting placement.)

TO ASSURE COMPLIANCE WITH MCPS REGULATION GME-RA: *Selection of Supervising Teachers and Assignment of College Students*, PLEASE COMPLETE THE FOLLOWING:

Number of years as a counselor _____ (minimum of 2 years required) Number of years as a counselor in MCPS _____

Type of professional certificate you hold: Standard Advanced (must be rated *first class* in area of teaching assignment)

Have you received performance ratings of "effective" on all criteria of the counselor evaluation instrument for the past three years? Yes No

Have you taken courses or workshops in the area of coaching or supervision? Yes No

If Yes, please briefly describe your experience in this area. _____

Have you had previous experience supervising a counseling practicum student or intern? Yes No

If Yes, when? Date ____/____/____.

_____/____/____
Signature, Applicant Date

PART II: RECOMMENDATION. To be completed by Principal and forwarded to School Counseling Services Unit, Rm. 211, CESC.

Recommended Not Recommended

Comments:

Principal's Name (PLEASE PRINT)

_____/____/____
Signature, Principal Date

PART III: RECOMMENDATION. To be completed by Preservice Coordinator Only

Fall _____
Student Assigned Institution

Spring _____
Student Assigned Institution