

INSTRUCTIONS

To the student: Attach a sheet listing all courses taken in your major field and include any pertinent information that might be helpful in placement as well as current résumé. Be sure that the courses, dates, and times are specific regarding the experience. Include a description of the program objectives and expectations for the supervisor. **Application does not guarantee placement will be available.**

To the college coordinator: Upon completion of Part II, the college forwards the form to: School Counseling Services Unit, Montgomery County Public Schools, 850 Hungerford Drive, Rm. 211, Rockville, Maryland 20850. **The application must be received at least eight (8) weeks** prior to the beginning date of the assignment. The School Counseling Services Unit will confirm the assignment by returning a completed copy to the college. **Please advise students not to arrange their own placements.**

PART I: STUDENT INFORMATION

Name _____ Date ____/____/____ Grade Point Average _____
Last First MI

Address _____ Home Phone _____-_____-_____
Street

City State ZIP Code E-mail _____

College/University _____ Advisor's name _____
Advisor's E-mail _____ Advisor's Phone _____-_____-_____
Advisor's address _____ Expected graduation date ____/____/____

School level preferred: ES MS HS
Geographic preference: none upcounty midcounty downcounty
Beginning Date ____/____/____ Ending Date ____/____/____
Type of placement: 500 hours 90-100 hours Other _____

Current employment: MCPS Not MCPS
Current place of employment _____ Title _____
Past MCPS employee? Yes No
MCPS school(s) that your son or daughter currently attends _____

I understand that this application does not guarantee placement will be available, that placement preferences may not be honored, and that I will not be placed in a school in which I currently work, or my son or daughter currently attends.

Signature, Student _____/_____/_____
Date

PART II: TO BE COMPLETED BY COLLEGE COORDINATOR

Recommendations for placement _____

Signature, College Coordinator _____ *E-mail* _____ *Date* _____/_____/_____

PART III: TO BE COMPLETED BY MCPS COORDINATOR

School _____ Supervising counselor _____
Principal _____
 Fall Placement Spring Placement Other _____
 Approval Disapproval _____/_____/_____
Signature, MCPS Supervisor of School Counseling Services Unit *Date*