

**Application for Supervised Master's Level INTERNSHIP in School Counseling, COUN 668
Old Dominion University, Graduate Counseling Program**

Submit this form to clinicalcoord@odu.edu by July 15 for Spring, November 15 for Summer, and January 15 for Fall. **Please complete pages 1 and 2 of this form. If you plan to complete your internship in Norfolk Public Schools, you MUST complete pages 3 and 4. If you are completing your internship over two semesters, you need to fill out separate forms for each semester.** *Please Note: This form **MUST** be fully completed or it will be returned to you.

Student Name		UIN	Program start date		
Check one: ____ Distance Learning ____ On Campus	Semester & Year (Fall, Spring, or Summer)	Cell Phone	ODU E-mail		
Address		City	State & Zip		
Special notes (e.g. out of area or existing relationship with a school)		Hours for this semester: ____ 300 ____ 450 ____ 600	Total Hrs Planned to Complete: ____ 600 ____ 900	Level of interest: (check all that apply)** ____ Elementary School ____ Middle School ____ High School	

****Please Note:** State licensure requirements mandate that students must have supervised clinical experiences in an elementary school setting (Pre-K – 6) and middle or secondary school setting (grades 7 – 12). Please refer to the school counseling internship handbook for more information.

Course Prerequisites: Prior to starting internship each student is required to complete the following prerequisites. You will be administratively dropped from internship if these prerequisites have not been successfully completed.

Course #	Course Title
COUN 601	Introduction to Counseling and Ethics
	Growth Group
COUN 633	Counseling and Psychotherapy Techniques
COUN 634	Advanced Counseling and Psychotherapy Techniques
COUN 642/644	Structured Counseling Groups/ Counseling and Psychotherapy Techniques
COUN 648	Career Development
COUN 650	Theories of Counseling and Psychotherapy
COUN 645	Testing & Client Assessment
COUN 669	Practicum
COUN 676	Professional Issues in School Counseling K-12
COUN 678	Counseling Children and Adolescents in School Settings
COUN 677*	School Culture, Learning, and Classroom Management
COUN 679*	School Counseling Program Development K-12

*Effective for students admitted for summer 2014 and beyond

Course(s) you plan to take in conjunction with Internship:

Registration instructions: When university online registration opens, register for the section of COUN668 that meets at your campus, for the number of credits that represents 1 per 100 hours you plan to complete that semester.

** If you plan on completing 900 hours over two semesters, you should register for 300 hours for the first semester and 600 hours for the second semester. Please keep in mind if you choose 900 hours, you should complete 450 hours per semester.

Placement Request Instructions: If you are requesting placement **within Norfolk** school district, please complete pages 1-4 of this application. If you are requesting placement **outside of Norfolk** school district, only need to complete pages 1 and 2 of this application, as well as the form for your preferred district. Other district forms are available from the TES web site at <http://education.odu.edu/tes/>: Select "Forms and Policies" from the right side of the page, download the form for the district you are considering, and submit it along with this complete document to clinicalcoord@odu.edu. **THIS ONLINE FORM WILL BECOME AVAILIABLE DURING THE REGISTRATION PERIOD FOR THE SEMESTER YOU ARE APPLYING FOR.**

Read the internship handbook before turning in this application. Date completed: _____

Request for Supervised Master's INTERNSHIP Placement in School Counseling
Old Dominion University, Graduate Counseling Program
Submit as signed, scanned PDF document with Application to clinicalcoord@odu.edu.

Placement Request

Student Name		UIN	
Address:		City, State, Zip:	
Cell phone:		ODU E-mail:	
Present place of employment:			
Please check one: ___ On Campus ___ Distance Learning		School Emphasis area: ___ Elementary ___ Middle ___ High School	Hours: ___ 300 ___ 450 ___ 600
Semester and year:		Semester Start Date:	

School System preferred for placement

- ___ Norfolk (please also complete "NPS Student Teacher or Practicum Placement Request Form")
- ___ Virginia Beach
- ___ Chesapeake
- ___ Other (specify): _____

I agree to report to the school as subsequently assigned. I also assume the responsibility for reporting any change in my plans to the Director of Teacher Education Services, School of Education, Old Dominion University, in sufficient time to prevent inconvenience to school personnel.

Student Signature: _____ Date: _____

This form must be completed for each semester of internship.

PLEASE DO NOT WRITE BELOW THIS LINE

To the School System:

We are requesting placement for a graduate student in Counseling. The internship in school counseling requires a minimum of 300 hours and may be as many as 600 hours (see number of hours checked above).

We are requesting a placement in:

- Elementary School _____
- Middle School _____
- High School _____

Approved: _____ Date: _____
Graduate Counseling Internship Coordinator Signature

Approved: _____ Date: _____
Director, Teacher Education Services



NORFOLK PUBLIC SCHOOLS

STUDENT TEACHER OR PRACTICUM

PLACEMENT REQUEST FORM

To be completed by **student teacher** or **practicum student** and submitted through the education department.

TYPE OF REQUEST: _____ DATE: _____

Please print the following information clearly.

NAME: _____

LOCAL ADDRESS: _____

PHONE(day) _____ (night) _____

CELLULAR PHONE # _____ EMAIL : _____

COLLEGE or UNIVERSITY _____ NUMBER OF CLOCK HOURS _____

BEGINNING DATE _____ ENDING DATE _____

MM/DD/YY
GRADE LEVEL/SUBJECT (1ST PLACEMENT) _____

GRADE LEVEL/SUBJECT (2ND PLACEMENT) _____

DEGREE SEEKING (Please Check) Bachelor's Master's Licensure Only

TRANSPORTATION: Car Bicycle Bus Other Car pool with _____

1. I understand that **CONFIDENTIALITY** can be a legal/professional requirement in certain circumstances; I agree to observe all applicable rules.
2. I will be responsible for contacting the building principal or the main office at least one week prior to beginning my placement.
3. I have attached a summary of course requirements.
4. I will notify my cooperating teacher/school if I am ill or otherwise unable to attend.
5. I have verification of a negative tuberculin skin test taken within the last three years.
6. I have not been convicted of a violation of law other than a minor traffic violation.
7. I have no criminal charges or proceedings pending against me.
8. I have not been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape.
9. I understand that failure to comply with these conditions can result in **CANCELLATION** of the assignment.

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY	
1 ST Placement _____	Date _____
2 nd Placement _____	Date _____

Attn: Director of Student Teaching
Please return to Norfolk Public Schools,
Dr. Lynne Meeks, Dept. of Human Resources,
Norfolk, VA 23510

NORFOLK PUBLIC SCHOOLS
VOLUNTEER ACKNOWLEDGMENT FORM
FOR FIELD EXPERIENCE PLACEMENT

Please Print

Name: _____

Address: _____

Phone: _____ Cellular Phone: _____

College or University: **Old Dominion University**

Beginning Date: _____ Ending Date: _____

Through the execution of this document, I do hereby acknowledge that my field experience placement with Norfolk Public Schools is voluntary and does not make me an employee of Norfolk Public Schools. I also acknowledge that I will not, under any circumstances, be eligible for Workers' Compensation benefits in the event I am injured out of my teaching experience.

I am currently enrolled in a private health/accident insurance plan ____yes ____no

Name of Plan: _____

Name of Subscriber: _____

Subscriber's Address: _____

Enrollment No: _____

It is my understanding that where other accident insurance is not available, I may be subject to coverage under a volunteer liability policy secured by Norfolk Public Schools, but this policy provides limited protection from both personal liability and injury claims arising out of this teaching experience.

Signature: _____

Date: _____

Witness: _____

Date: _____