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Student Name

Date Plan was updated:

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TCU ID #

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Advisor

## Counseling Specialization I: School Counseling

The M.Ed. in School Counseling focuses on providing students with a 48-hour rigorous and strength-based program to pursue certification in school counseling. All counseling classes can be applied to Texas professional licensure. The M.Ed. in School Counseling meets the requirements of the State Board of Educator certification and follows the guidelines for certification in school counseling.

### Major (36 semester hours)

Course	Course Title	Term Enrolled	Hours	Grade
EDGU 50223	Helping Relationships			
EDGU 50323	Small Group Dynamics			
EDGU 60003	Counseling Diverse Populations			
EDGU 60143	Counseling Interventions (Pre-requisite: EDGU 50223)			
EDGU 60233	Career Development and Information			
EDGU 60323	Assessment in Counseling			
EDGU 60383	Counseling Theories and Techniques			
EDGU 60613	Orientation & Programs in Guidance and Counseling			
EDUC 60143	Theories of Human Development			
EDUC 60823	Educational Program Evaluation & Research			
EDGU 60223	Pre-Practicum			
EDGU 70103	Practicum I (160 hours)			

### Electives (Select 12 hours from the following)

Course	Course Title	Term Enrolled	Hours	Grade
EDGU 60113	DSM: Diagnosis and Treatment			
EDGU 60133	Addictions Counseling			
EDGU 60213	Intro. to Marriage & Family Therapy			
EDGU 60163	Abnormal Human Development			
EDGU 70233	Internatl. Practices of Counseling			
ARED 60970	Special Problems: Therapeutic Arts			

If students choose Specialization I, they must pass the practice TExES exam before taking the state exam for counseling in schools.

***Students must decide by the time they complete the first 12 hours of their program which track they intend to follow in the counseling program - school counseling, clinical mental health counseling, or student affairs.***

***Please file your degree plan with the Graduate Studies office in the College of Education after you complete 12 hours.***

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***I have conferred with my advisor and understand the course requirements of my program of study.***

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***Student Signature***

***Date***

***This program of study was reviewed with the graduate student. The graduate student is recommended for candidacy.***

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***Advisor Signature***

***Date***

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***Associate Dean of Graduate Studies Signature***

***Date***

***Note: In the event that a student should seek to change their program of study, it will be necessary to have all changes approved by the Advisor and Associate Dean of Graduate Studies. A brief description of the approved changes should be included in the exception form.***



**COLLEGE OF  
EDUCATION**