

SPRINGFIELD COLLEGE CERTIFICATE OF ADVANCED GRADUATE STUDY SUBJECT MATTER KNOWLEDGE TRANSCRIPT REVIEW SCHOOL COUNSELING

	Candidate's Name _____		
Undergraduate Institution _____	Date of Graduation _____/_____/_____ _____	Undergraduate Major _____	G.P.A. _____
Graduate Institution _____	Date of Graduation _____/_____/_____ _____	Graduate Major _____	G.P.A. _____

This form is to be used when reviewing candidates' transcripts who are seeking entrance into the Certificate of Advanced Graduate Study School Guidance Program. The transcript review process allows Springfield College faculty the opportunity to determine which requirements of our state approved program have already been met. **Note:** Students must pass all required MTEL tests to be eligible to do a practicum.

THE EFFECTIVE SCHOOL GUIDANCE COUNSELOR DEMONSTRATES KNOWLEDGE OF:

Content Knowledge	Documented Courses, Work Experience or Tests	Still needed
Familiarity with the Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor		
Understanding and interpretation of MCAS and other academic tests results to students, teachers and parents		
Psychology of learning		
Understanding of the diagnosis and treatment of learning and behavior disorders		
Theories of normal and abnormal intellectual, social and emotional development		
Knowledge of strategies used for the prevention and treatment of substance abuse, physical and sexual abuse, the spectrum of mental illnesses and violence in PreK-12 students		
Philosophy, principles and practices in school guidance counseling		
Federal, state, municipal and school laws and regulations		
Career counseling		
Resources within the school system or the community for referral		
Knowledge of statistics, research design and research in guidance counseling		
Group counseling and group leadership		
Development of skills for consultation with parents, teachers and administrators		
College counseling and use of college and other post-secondary materials (grades 5-12)		

Comments:

_____ Date: ____/____/_____
Program Director

_____ Date: ____/____/_____
Director, Educator Preparation & Licensure