

**TEXAS STATE-SAN MARCOS PROFESSIONAL COUNSELING PROGRAM**  
**Deficiency Plan Worksheet School Counselors**

*Applicants must have a graduate degree in Counseling or Related field.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone(s): \_\_\_\_\_

SSN & Tx State ID # \_\_\_\_\_ / \_\_\_\_\_ E-Mail (permanent) \_\_\_\_\_

**Information needed by Certification Office:**

US Citizen: Yes / No                      Completed 2 years classroom teaching: Yes / No

School District : \_\_\_\_\_ Contact person: \_\_\_\_\_

ISD Fax #: \_\_\_\_\_

Master's Degree: \_\_\_\_\_ From: \_\_\_\_\_ Year granted: \_\_\_\_\_

Course	Course Substituted or Sem/Yr taken at Tx State	Approved by:	Hrs. done	Hrs. needed
<b>Level 1 Beginning Courses (no pre-requisites)</b>				
COUN 5305 Assessment in Counseling				
COUN 5307 Theories of Counseling & Personality				
COUN 5316 Counseling Diverse Populations				
COUN 5328 Introduction to School Counseling				
COUN 5350 Professional Orientation & Ethics				
COUN 5355 Career Counseling				
COUN 5368 Developmental Issues in Counseling Children, Adolescent & Adults				
COUN 5391 Research Seminar				
<b>Level 2 Intermediate Courses</b>				
COUN 5354 Basic Techniques in Coun (pr: 5328)				
COUN 5358 Dynamics & Processes in Group Coun (pr: 5354, 5307) must take with COUN 5158				
COUN 5158 Group Counseling Pre-Practicum (must take with COUN 5358)				
COUN 5359 Abnormal Human Behavior				
COUN 5369 Child & Adolescent Counseling Methods				
<b>Level 3 Advanced Courses (taken in sequence)</b>				
COUN 5370 Intermediate Methods in Counseling Adol. (pr: 5354, 5369)				
COUN 5373 Intermediate Methods in Play Therapy (pr: 5354, 5369)				
COUN 5338 Advanced Issues in School Counseling (pr:5328, 5354, 5358)				
COUN 5689 Clinical Practicum (pr: 5370 or 5373)				
COUN 5389 Site-Based Internship in School Setting (pr: 5689)				
<b>TOTAL HOURS</b>			<i>Credited</i>	<i>Needed</i>

*I understand that if I later apply to Tx State-San Marcos as a degree seeking student in the Professional Counseling Program, only 6 hrs. will be transferred.*

\_\_\_\_\_  
 Applicant  
 Rev 12/10/2009

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved by Deficiency Plan Coordinator

\_\_\_\_\_  
 Date