



Counselor Education Program Application

~Packet 2*~

Please submit the completed Packet 2 to:

Department of Special and Counselor Education
204 Graduate School of Education

Or mailed to:

Special & Counselor Education-SPED
Graduate School of Education
Portland State University
P.O. BOX 751
Portland, OR 97207-0751

A completed packet must include the following:

- The Counselor Education Program Admission Application**
(pp. 2-3 of this document)
- Two Recommendation Forms** (pp. 4-5 of this document)
--filled out by individuals who know the candidate in a professional capacity.
- A Personal Statement** (pg. 6 of this document)
- A Work Experience Form** (pp.7-8 of this document)
--use more than one if needed.
- One **Official Transcript** from every college/university attended
(transcripts can not be copied from Admissions Office files)
- Official GRE** (general, not subject) or **MAT scores**.
--these may be mailed to the school by the examiners, however, students are responsible for their arrival in the Special & Counselor Education Department before the application deadline.

***Applicants must submit both *The University Graduate Admissions Application (Packet 1)* And *The Departmental Application (Packet 2)*.** The *completed Packet 1* should be submitted to: **to the Office of Admissions, 104 Neuberger Hall**, or mailed to: **Office of Admissions, Portland State University, PO Box 751, Portland, OR 97207-0751**. The *completed Packet 2* should be submitted to the address above.

Counselor Education Program Admission Application



Name _____ SSN _____
Last First MI

Other Names Used _____ Email _____

Address _____
Street City State Zip

Telephone _____
Home Cell or work

ETHNICITY (OPTIONAL)

<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black/African American, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Non-resident International	<input type="checkbox"/> Decline

LANGUAGE ABILITY

Do you speak a language besides English? _____ If yes, which language? _____

Please check your ability level:

- Basic conversation Fluent conversation Fluent reading, writing & conversation

Check one of the following:

- _____ MA (requires a foreign language exam for graduation)
 _____ MS
 _____ Licensure only (requires a graduate degree in a helping profession other than teaching, i.e. social work)

List below any license(s) you have had issued to you:

License	Endorsement	State	Date of License
License	Endorsement	State	Date of License
License	Endorsement	State	Date of License

Check the program for which you are applying:

- _____ Community Counseling
 _____ Rehabilitation Counseling
 _____ Couples, Marriage & Family Counseling
 _____ School Counseling: Track I (with two years teaching experience)
 _____ School Counseling: Track II (without teaching experience)
 _____ School Counseling: Licensure Only
 Please provide Birth date for School Counseling Track I for license verification with TSPC _____

Counselor Education Program Reference Form



Name of Applicant _____

Specialization for which you are applying _____

Name of person completing this form _____ Phone _____

Position _____ Email _____

Relation to applicant _____ Length of time _____

The applicant named above is applying for admission to the Counselor Education Program at PSU and has given your name as a reference. Your candid appraisal of the applicant's personal qualities and professional promise is requested. Carefully consider their fit with the Conceptual Framework of the Graduate School of Education shown below. (*Please note that the applicant may see this form unless he or she has signed the following waiver.*)

Completed by applicant before requesting a recommendation. Applicant's access waiver: Please note that the following waiver is not required as a condition of admission.

I waive my right, provided by the Family Educational Rights and Privacy Act of 1974 to examine this recommendation.

Signature _____ Date _____

APPLICANT: *This recommendation should be completed by professionals or faculty who have supervised you in work or volunteer positions in schools or agencies and observed your work with children/adults including persons with disabilities.*

The Graduate School of Education's Conceptual Framework: Our program will prepare professionals to meet our diverse communities' needs in the following ways:



Diversity & Inclusiveness

- to work in diverse settings
- to promote inclusive and therapeutic environments



Research-Based Practices & Professional Standards

- to critically analyze and implement research-based practices
- to demonstrate appropriate professional values, knowledge, and skills



Impact on Learning and Development / Personal and Professional Growth

- to ensure students and clients succeed
- to influence policy and provide leadership for organizations



Evidence-Informed Decision Making

- to use evidence to solve problems of practice and enhance therapeutic decisions

Please rate the applicant across the following skills and knowledge areas:

Knowledge / Skill Area	No Basis for Judgment	Unsatisfactory	Adequate	Above Average	Exceptional
Potential to work in diverse settings					
Potential to work with individuals with special needs and capabilities					
Potential to demonstrate appropriate professional values, knowledge, and skills					
Potential to set high, but reasonable, standards for self and/or clients					
Potential to provide leadership in his or her organization					
Potential to use evidence to enhance therapeutic decisions					
Ability to express ideas orally					
Ability to express ideas in written form					
Ability to handle job-related pressure without losing composure					
Dependability					
Flexibility					
Ability to collaborate with others					
Ability to act with integrity, fairness, and in an ethical manner					

Please comment below or attach a separate sheet if you would be willing to provide additional comments about your perception of the individual's ability to become an effective professional counselor. Thank you for your time.

SIGNATURE _____ DATE _____

Return this form BEFORE FEBRUARY 1 to:
 Special and Counselor Education-SPED
 Graduate School of Education
 Portland State University
 PO Box 751
 Portland, OR 97207-0751

Personal Statement

Discuss why you believe you would make an effective, professional counselor.

Because issues of oppression and diversity are important in the counseling profession, we encourage you to also discuss how you have confronted or addressed these issues in your life, either professionally or personally. You can include factors such as ethnicity, religious background, disabling conditions, sexual orientation, bilingualism, experience working with underrepresented groups, or other areas that you believe to be relevant.

Please restrict your typed essay to 500 words.

Please include your name on your personal statement.

Counselor Education Program
Work Experience Form



Name _____

Social Service/Education Experience

Please indicate your paid and/or unpaid (volunteer) employment history during the past ten years. Make additional copies of this form and attach if needed. Begin with the most recent job or experience. **Focus only on jobs or experiences in the human, or social services, or educational areas.**

Employer: _____

Address: _____

Street City State Zip

Job Title: _____

Job Duties: _____

Start Date: _____ End Date: _____

Type: Volunteer/unpaid
 Paid

Frequency: 1-5 hours per week 16-20 hours per week
 6-10 hours per week 21-30 hours per week
 11-15 hours per week 31+ hours per week

Employer: _____

Address: _____
Street City State Zip

Job Title: _____

Job Duties: _____

Start Date: _____ End Date: _____

Type: Paid Volunteer/unpaid

Frequency: 1-5 hours per week 16-20 hours per week
 6-10 hours per week 21-30 hours per week
 11-15 hours per week 31+ hours per week

Employer: _____

Address: _____
Street City State Zip

Job Title: _____

Job Duties: _____

Start Date: _____ End Date: _____

Type: Paid Volunteer/unpaid

Frequency: 1-5 hours per week 16-20 hours per week
 6-10 hours per week 21-30 hours per week
 11-15 hours per week 31+ hours per week