



San Jose State University Lurie College of Education
 Department of Counselor Education

**PPS/Child Welfare & Attendance Added Authorization
 Approved Program Contract**

Date: _____ SJSU ID: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Master's Degree Conferred

PPS Credential (CA Credential Required)

Institution: _____

_____ School Counseling Specialization

Degree: _____

_____ School Social Work Specialization

Date Conferred: _____

_____ School Psychology

<i>Child Welfare Attendance Specialization – 9 units required</i>					
Course	Title	Substitution/ Institution	Units	Grade	Semester Completed
EDCO 285	Trauma Counseling and Crisis Intervention		3.0		
EDCO 293	Practicum in Child and Substance Abuse		3.0		
EDCO 292	Supervised Experience in Counseling		3.0		

<i>Child Welfare and Attendance Field Supervision Record</i>			
K-12 (Grade Level)	Semester(s) and Year(s) When Hours Were Completed	Name of Schools or Organizations Where Hours Were Completed	# of Fieldwork Hrs. Completed

Notes/Comments:

Advisor Name _____ Signature _____ Date _____

Chair/Program Director Name _____ Signature _____ Date _____