Candidate Attestation of Acquired Objectives

Having participated in the Orientation Process for the School Counseling Program please check all of the following that apply to you:

____ (1) I understand the requirements for successfully completing the program and the necessary steps needed to obtain a professional license as a school counselor in Kansas.

____ (2) I understand the nature and purpose of the KSDE Standards for School Counselor and how they are used as the basis for program structure and candidate and program assessment.

____ (3) I understand the nature and purpose of Dispositions and how they are used as the basis for program structure and candidate and program assessment.

____ (4) I understand the responsibilities of both the candidate and the program faculty in the advising process.

____ (5) I understand the resources available to assist all candidates in successfully completing the program.

____ (6) I attended one of the informational meetings conducted at various sites (check which one):

   ___ Overland Park
   ___ Kansas City
   ___ Topeka
   ___ Emporia

____ (7) I have read the information provided on the program website.

____ (8) I have completed a face-to-face meeting with the program faculty as part of the interview.

____ (9) Other (please explain):

____________________________________________________________________________

_____________________________________________________________  ________________
Candidate’s Name                                                    Date