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**School Counselor**

**Panel Review Advisory**

**OFFICE OF EDUCATOR LICENSURE**

**March 17, 2023**

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# INTRODUCTION

This advisory is for individuals who are interested in earning an Initial School Counselor license in Massachusetts through the Panel Review process. The information contained within this advisory will help individuals decide if the Panel Review process is the appropriate path to take. This advisory will provide valuable advice to assist applicants through each phase of the application process.

# PRE-APPLICATION PHASE

## What is the Panel Review?

The Panel Review is the process used by the Department for reviewing candidates for Initial licensure who have substantial experience and formal education relevant to the school counseling license but have not met the specific license requirements. There are potentially two phases to the Panel Review: The Panel Review Portfolio and the Panel Review Interview.

## Who is eligible for the Panel Review Portfolio?

Generally, individuals who have satisfied all requirements listed in A (see below) and have not satisfied any requirement noted in B (below); are eligible for the Panel Review Portfolio.

* Possession of a bachelor’s degree;
* Passing score on the Communication and Literacy Skill test; and
* Have at least 30 Panel Review Points (PRPs) as indicated/described in the next section.
* Completion of a Massachusetts School Counselor Approved Program;
* Completion of an out-of-state educator preparation program accepted by the Commissioner that is comparable to a Massachusetts School Counselor Approved Program;
* Possession of a credential comparable to a Massachusetts Initial School Counselor license from another state; or
* Possession of a Massachusetts School Counselor license.

## How are PRPs earned?

Candidates earn Panel Review Points through Relevant Experience and Relevant Graduate Credits.

* **Relevant Graduate Credits**: Each applicable semester hour of graduate credit earned through coursework addressing any School Counselor Panel Review subject matter knowledge (SMK) requirement is worth one PRP. You will find the SMK requirements for this license on the following page. Applicants are often eligible for the Panel Review Portfolio process through graduate credits earned through a degree in counseling, social work, and/or psychology.
* **Relevant Experience:** Each full year of employment in the field of counseling, social work, and/or psychology is worth six PRPs.

PRP Eligibility Formula: Years of relevant experience x 6 + relevant graduate credits > 30.

## What are the Requirements within the Panel Review?

Beyond a bachelor’s degree and a passing score on the Communication and Literacy Skills test, Panel Review requirements consist of:

* At least 10 hours of instruction specific to and completely covering each School Counselor Panel Review SMK requirement. These hours may be gained through completion of any one or combination of the following options: coursework, seminars, workshops, mentored employment, or peer coaching. Please note, a solely self-taught (no instructor involved) professional learning experience cannot be applied toward satisfying this requirement.
* Completion of a supervised and mentored 450-hour internship specifically in the role of a School Counselor, successfully demonstrating competency in performing the roles, responsibilities, and subject matter knowledge of a School Counselor.

## Who is eligible for the Panel Review Interview?

Individuals must first go through the Panel Review Portfolio process and are encouraged to document as many Panel Review requirements as possible (completely and/or partially) before requesting an interview with a Licensure Panel. Individuals who have at least five years of relevant full-time employment in the field of counseling, social work, and/or psychology may qualify for a Panel Review Interview.

**Subject Matter Knowledge**

Applicants who apply for a School Counselor PreK-8 and/or 5-12 license must satisfy the subject matter knowledge requirements listed on the following page. In addition, all requirements for School Counselor PreK-8 and/or 5-12 licensure must be satisfied prior to March 17, 2025. An applicant that is unable to satisfy all requirements for School Counselor PreK-8 and/or 5-12 licensure prior to March 17, 2025, would have the opportunity to have their application changed to an All Levels School Counselor license.

Applicants who apply for a School Counselor All Levels must satisfy the subject matter knowledge requirements listed on page 4.

1. **School Counselor PreK-8/5-12 Panel Review Portfolio “Coverage of”/SMK requirements:**
2. Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor.
3. Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test results to students, teachers, and parents.
4. Psychology of learning.
5. Understanding of the diagnosis and treatment of learning and behavior disorders.
6. Theories of normal and abnormal intellectual, social, and emotional development.
7. Knowledge of strategies used for the prevention and treatment of substance abuse, physical and sexual abuse, the spectrum of mental illnesses, and violence in Pre-K—12 students.
8. Philosophy, principles and practices in school guidance counseling.
9. Federal, state, municipal, and school laws and regulations.
10. Career counseling.
11. Resources within the school system or the community for referral.
12. Knowledge of statistics, research design, and research in guidance counseling.
13. Group counseling and group leadership.
14. Development of skills for consultation with parents, teachers, and administrators.
15. College counseling and use of college and other post-secondary resource materials (grades 5-12 only).
16. **School Counselor All Levels Panel Review Portfolio “Coverage of”/SMK requirements:**
17. Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students.
18. Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students.
19. Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development).
20. Understand the diagnosis and treatment of learning and behavior disorders.
21. Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence.
22. Knowledge of philosophy, principles, and empirically supported practices in school counseling.
23. Knowledge and application of ethical practices, regulations, and laws (federal, state, and school).
24. Skills in career and college counseling, including the knowledge of associated resources.
25. Knowledge of research in counseling (statistics, research design, data collection and program evaluation).
26. Skills in group counseling.
27. Ability to consult and collaborate with parents, teachers, administrators, and the community.
28. Application of principles of therapeutic relationships
29. Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism.
30. Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience.

APPLICATION

* Massachusetts offers the School Counselor license at three grade levels: PreK-8, 5-12 and All Levels.
* You should apply for the Initial School Counselor license as it is not possible to obtain a Professional license as your first license.
* If you satisfy requirements for one grade level offered, you may qualify for the other grade level.

Your application will become ready for review after the Office of Educator Licensure has received your appropriate payment, official transcripts, and verification of a passing score on the Communication and Literacy test. Please note that the fee for your first application is $100.00 and each subsequent application is $25.00.

You can find an applying for licensure step-by-step guide through the following link: <http://www.doe.mass.edu/licensure/forms-guidelines.html>.

You can find information on test registration, test preparation, and other test-related information at: <https://www.doe.mass.edu/mtel/>

# POST-APPLICATION PHASE

## Document Eligibility & Requirements Met

After you apply, submit/upload documents verifying Panel Review eligibility and compliance with as many Panel Review requirements you have satisfied, as follows.

### Possession of Bachelor’s Degree

Provide an official undergraduate transcript that includes the Registrar's signature, degree conferred and conferral date. The degree must have been completed through a college/university that is accredited by a recognized organization listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/recognized-accrediting-organizations.html>.

If you attended a college or university outside of the United States, please provide an independent evaluation made by a nationally recognized agency such as those listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/foreign-degree-and-credit-equivalency.html> verifying that you have the equivalent of a bachelor's degree earned in the United States through a regionally accredited college/university.

Please note that documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding the uploading and mailing of documents may be found at <http://www.doe.mass.edu/licensure/elar/upload-documents.html>.

### Passing Score on the Communication and Literacy Skills Test

As a reminder, the testing company reports test results electronically to the Office of Educator Licensure. You can find information on test registration, test preparation, and other test-related information at <http://www.doe.mass.edu/mtel/>.

### 30 Panel Review Points

* Relevant Graduate Credit:

Provide official transcripts from colleges/universities accredited by a recognized organization listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/recognized-accrediting-organizations.html>; however, if you attended a college or university outside of the United States, please provide an independent evaluation made by a nationally recognized agency such as those listed at <http://www.doe.mass.edu/licensure/academic-prek12/teacher/foreign-degree-and-credit-equivalency.html>. This independent evaluation should verify that applicable coursework you completed is the equivalent of graduate coursework in the United States through a regionally accredited college/university. As supporting documentation, you may include a copy of the official course catalog description.

* Relevant Experience:

If the experience occurred in a school setting, please provide a letter written on official letterhead of the district or school setting where the employment occurred signed by a superintendent, assistant superintendent, principal, human resources director, executive director, or equivalent head administrator. The letter should state the specific role and dates of your employment. In lieu of the aforementioned letter, applicants may upload a completed School Based Employment Verification/Induction and Mentoring form to document relevant experience. You can find the form at <https://www.doe.mass.edu/licensure/resources/form-verify-sb-employ-induction-mentor.docx>.

If the experience occurred outside of a school setting, please provide a letter written on official letterhead of the organization where the employment occurred signed by a head administrator (generally, a human resource director, president, or executive director). The letter should state the specific role and dates of your employment.

If any of your experience was less than full-time then the letter or form should state, the full-time equivalency for each pertinent period.

**At least 10 hours of instruction specific to and completely covering each School Counselor Panel Review SMK requirement**

* **Coursework**: Please submit an official transcript. As supporting documentation, you may include copies of the official catalog course descriptions. Further clarification may be required in the form of a letter from the college using the template provided in this advisory.
* **School-based mentored employment or peer coaching**: Please provide a letter(s) using one of the templates provided in this advisory.
* **Seminar or workshop**: Please provide a copy of your certificate of completion. As supporting documentation, you may submit an official seminar/workshop description. Further clarification may be required in the form of a letter from the provider using the template provided in this advisory.

**450-hour supervised and mentored internship in the role of a School Counselor**

* One or more field-based experiences through a college/university in a role relevant to School Counseling (i.e., in the field of counseling, social work or psychology) may reduce this 450-hour internship (one time) by 150 hours.
* Each year of full-time employment specifically in the role of the School Counselor license may reduce this requirement by 100 hours. That is 100 hours for each year of full-time employment specifically in the role of the School Counselor license.

|  |  |  |  |
| --- | --- | --- | --- |
| **Example: Reduction of Required Internship Hours** | | | |
| # of Required Hours | Hours Subtracted for Field Based Experience | Hours Subtracted for One Year of Full-Time Employment as a School Counselor | Remaining # Hours Internship Requirement |
| 450 | - 150 | - 100 | = 200 |

* Remaining hours of the internship requirement may be provided by a PreK-12 grade school setting, a college/university, or a Massachusetts approved program provider. You can find information regarding Massachusetts approved program providers at <http://www.doe.mass.edu/teach/edprep.html>.

A supervised and \*mentored internship in the role of this license is documented through a letter and there are templates provided within this advisory for internships provided by a school/district or college/university. There are also templates provided to document both SMK requirements and the internship.

*\*Mentor must hold an Initial or Professional School Guidance Counselor or School Counselor license at the grade level of the School Counselor license sought by the mentee and have any combination of at least three years of employment under this Initial and/or Professional license.*

**Closing**

Thank you for taking the time to learn about obtaining the School Counselor license in

Massachusetts. Thank you, also, for being an educator or aspiring to become one. Your efforts are commendable and greatly appreciated. We hope the preceding information and the templates that follow are helpful.

If you have any questions or concerns, please do not hesitate to call the Licensure Call Center at 781-338-6600, Monday-Friday. Or stop by and visit us at our Walk-in Service Counter at 75 Pleasant Street, in Malden, Massachusetts.

# Preface to Sample Verification Letter Templates for the PreK-8 and 5-12 licenses

The following section of this advisory contains templates to document compliance with Panel Review requirements for the Initial School Counselor PreK-8 and 5-12 licenses. Please note that the SMK requirements for the PreK-8 and 5-12 licenses are different from the All Levels license. Templates for the All Levels license follow separately.

These templates are for authorized officials who can verify that an individual has satisfied Panel Review Portfolio requirements for the Massachusetts Initial School Counselor license sought. Authorized officials may be able to provide such verification, but it is not a requirement or expectation of the Office of Educator Licensure. Please also note the Department may contact signees for clarification.

- Required Letter Components –

* Must be printed on official letterhead of the professional learning experience provider;
* Must include the licensure candidate’s Name and MEPID;
* Must be signed by an authorized official.

Documents may be uploaded into an applicant’s ELAR account or mailed to the Office of Educator Licensure. Information regarding the uploading and mailing of documents may be found at <http://www.doe.mass.edu/licensure/elar/upload-documents.html>.

# College/University Coursework SMK Verification Letter Template Appendix A

| **School Counselor PreK-8 / 5-12**  [Insert the student’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | |
| --- | --- | --- | --- | --- |
| Insert Course Number(s) and Title(s): | |  | | |
|  | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor. * Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test 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 Pre-K—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 resource materials (grades 5-12 only). | | | | |
| The student has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(Course instructor, licensure officer, appropriate department chair, registrar, or dean*, provost, chancellor, vice-president, or president*)* | | | | |
| **Must Be on Official College/University Letterhead** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# College/University Coursework SMK & Internship Verification Letter Template Appendix B

| **School Counselor PreK-8 / 5-12**  [Insert the student’s name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Number(s) and Title(s) of Course(s) and Internship: | | | |  | |
|  | | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor. * Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test 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 Pre-K—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 resource materials (grades 5-12 only). | | | | | |
| [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor license [Insert grade level: PreK-8 or 5-12] demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 3 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The student has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | | |
| **Must Be on Official College/University Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK Verification Letter Template Appendix C

| **School Counselor PreK-8 / 5-12**  [Insert the licensure applicant’s name and MEPID] received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | |
| Insert Name of School/District: | |  | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the superintendent/equivalent should delete any that has not been satisfied through mentored employment and/or peer coaching.]*   * Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor. * Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test 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 Pre-K—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 resource materials (grades 5-12 only). | | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK & Internship Letter Template Appendix D

| **School Counselor PreK-8 / 5-12**  [Insert the licensure applicant’s name and MEPID] received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | | |
| Insert Name of school/district: | |  | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the superintendent/equivalent should delete any that has not been satisfied through mentored employment and/or peer coaching.]*   * Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor. * Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test 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 Pre-K—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 resource materials (grades 5-12 only). | | | | | | |
| [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor license [Insert grade level: PreK-8 or 5-12] demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 3 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | | |
| Insert Mentor’s Name and MEPID/License #: | | | | [Insert Mentor’s Name and MEPID/License #] | | |
| Beginning and Ending Dates of Internship: | | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | | |
| The licensure applicant has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | | |
| Print Name: |  | | | | Signature: |  |
| Title: |  | | | | | |
| *(Superintendent or equivalent)* | | | | | | |
| **Must Be on Official School Letterhead** | | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | | |

# Seminar or Workshop SMK Verification Letter Template Appendix E

| **School Counselor PreK-8 / 5-12**  [Insert the licensure applicants name and MEPID] received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following seminar(s)/workshop(s). | | | | |
| --- | --- | --- | --- | --- |
| Insert Seminar(s)/Workshop(s) Title(s): | |  | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements; the signee noted below should delete any that have not been satisfied through the identified seminars/workshops.]*   * Familiarity with the Massachusetts Curriculum Frameworks and their use in the advising responsibilities of the guidance counselor. * Understanding and interpretation of the Massachusetts Comprehensive Assessment System (MCAS) and other academic test 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 Pre-K—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 resource materials (grades 5-12 only). | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(Signature of appropriate representative)* | | | | |
| **Must Be on Official Letterhead of The Provider** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# Internship Provided by a School/District Verification Letter Template Appendix F

| **School Counselor PreK-8 / 5-12**  [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor license [Insert grade level: PreK-8 or 5-12] demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 3 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| --- | --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date- M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The licensure applicant has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Internship Provided by a College/University Verification Letter Template Appendix G

| **School Counselor PreK-8 / 5-12**  [Insert the student’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor license [Insert grade level: PreK-8 or 5-12] demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 3 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| --- | --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The student has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | | |
| **Must Be on Official College/University Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Preface to Sample Verification Letter Templates for the ALL LEVELS license

The following section of this advisory contains templates to document compliance with Panel Review requirements for the Initial School Counselor All Levels license. Please note that the SMK requirements for the PreK-8 and 5-12 licenses are different from the All Levels license. Templates for the PreK-8/5-12 license can be found on the previous pages.

These templates are for authorized officials who can verify that an individual has satisfied Panel Review Portfolio requirements for the Massachusetts Initial School Counselor license sought. Authorized officials may be able to provide such verification, but it is not a requirement or expectation of the Office of Educator Licensure. Please also note the Department may contact signees for clarification.

- Required Letter Components –

* Must be printed on official letterhead of the professional learning experience provider;
* Must include the licensure candidate’s Name and MEPID;
* Must be signed by an authorized official.

Documents may be uploaded into an applicant’s ELAR account or mailed to the Office of Educator Licensure. Information regarding the uploading and mailing of documents may be found at <http://www.doe.mass.edu/licensure/elar/upload-documents.html>.

# College/University Coursework SMK Verification Letter Template Appendix H

| [Insert the student’s name and MEPID] is working toward a School Counselor All Levels license and has received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | |
| --- | --- | --- | --- | --- |
| Insert Course Number(s) and Title(s): | |  | | |
|  | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students. * Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students. * Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development). * Understand the diagnosis and treatment of learning and behavior disorders. * Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence. * Knowledge of philosophy, principles, and empirically supported practices in school counseling. * Knowledge and application of ethical practices, regulations and laws (federal, state, and school). * Skills in career and college counseling, including the knowledge of associated resources. * Knowledge of research in counseling (statistics, research design, data collection and program evaluation). * Skills in group counseling. * Ability to consult and collaborate with parents, teachers, administrators, and the community. * Application of principles of therapeutic relationships * Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism. * Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience. | | | | |
| The student has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(Course instructor, licensure officer, appropriate department chair, registrar, or dean*, *provost, chancellor, vice-president, or president)* | | | | |
| **Must Be on Official College/University Letterhead** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# College/University Coursework SMK & Internship Verification Letter Template Appendix I

| **[**Insert the student’s name and MEPID] is working toward a School Counselor All Levels license and has received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following coursework. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Number(s) and Title(s) of Course(s) and Internship: | | | |  | |
|  | | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students. * Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students. * Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development). * Understand the diagnosis and treatment of learning and behavior disorders. * Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence. * Knowledge of philosophy, principles, and empirically supported practices in school counseling. * Knowledge and application of ethical practices, regulations, and laws (federal, state, and school). * Skills in career and college counseling, including the knowledge of associated resources. * Knowledge of research in counseling (statistics, research design, data collection and program evaluation). * Skills in group counseling. * Ability to consult and collaborate with parents, teachers, administrators, and the community. * Application of principles of therapeutic relationships * Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism. * Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience. | | | | | |
| Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor All Levels license demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 4 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The student has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | | |
| **Must Be on Official College/University Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK Verification Letter Template Appendix J

| [Insert the licensure applicant’s name and MEPID] is working toward a School Counselor All Levels license and has received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | |
| Insert Name of School/District: | |  | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students. * Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students. * Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development). * Understand the diagnosis and treatment of learning and behavior disorders. * Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence. * Knowledge of philosophy, principles, and empirically supported practices in school counseling. * Knowledge and application of ethical practices, regulations, and laws (federal, state, and school). * Skills in career and college counseling, including the knowledge of associated resources. * Knowledge of research in counseling (statistics, research design, data collection and program evaluation). * Skills in group counseling. * Ability to consult and collaborate with parents, teachers, administrators, and the community. * Application of principles of therapeutic relationships * Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism. * Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience. | | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Mentored Employment/Peer Coaching SMK & Internship Letter Template Appendix K

| [Insert the licensure applicant’s name and MEPID] is working toward a School Counselor All Levels license and has received at least ten (10) hours of instruction through mentored employment and/or peer coaching specific to and completely covering each of the panel review requirements listed in this letter. The mentor noted below delivered this mentored employment and/or peer coaching. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Insert Mentor’s Name and MEPID/License #: | | |  | | | |
| Insert Name of school/district: | |  | | | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students. * Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students. * Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development). * Understand the diagnosis and treatment of learning and behavior disorders. * Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence. * Knowledge of philosophy, principles, and empirically supported practices in school counseling. * Knowledge and application of ethical practices, regulations, and laws (federal, state, and school). * Skills in career and college counseling, including the knowledge of associated resources. * Knowledge of research in counseling (statistics, research design, data collection and program evaluation). * Skills in group counseling. * Ability to consult and collaborate with parents, teachers, administrators, and the community. * Application of principles of therapeutic relationships * Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism. * Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience. | | | | | | |
| Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor All Levels license demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 4 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | | |
| Insert Mentor’s Name and MEPID/License #: | | | | [Insert Mentor’s Name and MEPID/License #] | | |
| Beginning and Ending Dates of Internship: | | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
| The licensure applicant has satisfied/completed the requirements as listed/noted above.  **I attest that the statements above are true and accurate:** | | | | | | |
| Print Name: |  | | | | Signature: |  |
| Title: |  | | | | | |
| *(Superintendent or equivalent)* | | | | | | |
| **Must Be on Official School Letterhead** | | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | | |

# Seminar or Workshop SMK Verification Letter Template Appendix L

| [Insert the licensure applicants name and MEPID] is working toward a School Counselor All Levels license and has received at least ten (10) hours of instruction specific to and completely covering each of the panel review requirements listed in this letter through the successful completion of the following seminar(s)/workshop(s). | | | | |
| --- | --- | --- | --- | --- |
| Insert Seminar(s)/Workshop(s) Title(s): | |  | | |
| *[The following are all the applicable “coverage of”/Subject Matter Knowledge requirements, the college/university should delete any that have not been satisfied through the identified coursework.]*   * Awareness of the Massachusetts Curriculum Frameworks and their use in advising and supporting students. * Skills in utilizing and disseminating results from academic, career, and college assessments for advising and supporting students. * Knowledge of the psychology of learning (cognitive, social, physical, mental illness, and emotional development). * Understand the diagnosis and treatment of learning and behavior disorders. * Knowledge of strategies used for the prevention and treatment of addiction, maltreatment and neglect, and violence. * Knowledge of philosophy, principles, and empirically supported practices in school counseling. * Knowledge and application of ethical practices, regulations, and laws (federal, state, and school). * Skills in career and college counseling, including the knowledge of associated resources. * Knowledge of research in counseling (statistics, research design, data collection and program evaluation). * Skills in group counseling. * Ability to consult and collaborate with parents, teachers, administrators, and the community. * Application of principles of therapeutic relationships * Skills in multicultural counseling, identity development, social justice, and advocacy, including the understanding of the historical and social role of schools and schooling in perpetuating causal inequities due to individual and systemic racism. * Skills in engaging families and students to provide feedback on their experience and to continue to recognize, challenge, and promote anti-racism in the school experience. | | | | |
| The licensure applicant has satisfied the requirements listed above.  **I attest that the statements above are true and accurate:** | | | | |
| Print Name: |  | | Signature: |  |
| Title: |  | | | |
| *(Signature of appropriate representative)* | | | | |
| **Must Be on Official Letterhead of The Provider** | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | |

# Internship Provided by a School/District Verification Letter Template Appendix M

| Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor All Levels license demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 4 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| --- | --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date- M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The licensure applicant has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Superintendent or equivalent)* | | | | | |
| **Must Be on Official School Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |

# Internship Provided by a College/University Verification Letter Template Appendix N

| **School Counselor All Levels**  [Insert the licensure applicant’s name and MEPID] successfully completed a (# of hours) internship in the role of the School Counselor All Levels license demonstrating competency in the subject matter knowledge of the School Counselor license noted on page 4 of the School Counselor Panel Review Advisory found here: <https://www.doe.mass.edu/licensure/academic-prek12/advisory/school-counselor-panel-review.docx> | | | | | |
| --- | --- | --- | --- | --- | --- |
| Mentor’s Name and MEPID/License #: | | [Insert Mentor’s Name and MEPID/License #] | | | |
| Beginning and Ending Dates of Internship: | | | [Insert Beginning Date - M/D/Y] - [Insert Ending Date - M/D/Y] | | |
|  | | | | | |
| The student has completed the internship as noted above.  **I attest that the statements above are true and accurate:** | | | | | |
| Print Name: |  | | | Signature: |  |
| Title: |  | | | | |
| *(Licensure officer, appropriate department chair, registrar, dean, provost, chancellor, vice-president, or president)* | | | | | |
| **Must Be on Official College/University Letterhead** | | | | | |
| **Please note:** The Department may contact signees if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>. | | | | | |