



Sacramento State University
College of Education
Graduate and Professional Studies in Education
Counselor Education Program
6000 J Street
Sacramento, CA 95819

COMPLETION OF PERSONAL COUNSELING FORM

Instructions:

1. Complete a minimum of 5 individual one-hour counseling sessions with a licensed therapist
2. Provide this form to your licensed therapist or supervised intern for his/her signature
3. Submit this form to your Program Coordinator prior to advancing to candidacy.

Student Name: _____

By signing this form, you acknowledge that the above named individual completed a minimum of 5 individual one-hour counseling sessions with you, a licensed therapist or intern supervised by a licensed therapist, during the individual's M.S. in Counseling program.

Signature _____ Date _____
(Licensed Therapist)

Printed Name _____

This is privileged and confidential information. Any unauthorized disclosure is a federal offense. Not to be duplicated.