

Office of Educator Certification  
PRINT ALL INFORMATION IN BLUE OR BLACK INK!

**School Counselor Mentor Sign-off Form**  
Recommendation for Completion of School Counselor Mentoring

**Part 1 – To be completed by the applicant.**  
Complete this section. Send this form to your Mentor School Counselor.

Last 4 digits of SSN		Date of Birth	
Last Name	First Name, MI	Maiden/Previous Last Name	
Telephone Number	Email Address		

**Part 2 – To be completed by the individual who has earned the Mentor School Counselor Endorsement and provided supervision for a period of one year.**  
Complete this section. Email to [certification@state.sd.us](mailto:certification@state.sd.us).

**24:28:27:02. School counselor endorsement.** A school counselor endorsement requires completion of the preschool through grade 12 school counselor preparation program according to §24:53:09:01 or completion of a master’s degree or higher in counseling, passage of the state-designated school counselor test, and one year of supervision by a mentor school counselor who meets the requirements of §24:28:27:07.

**Recommendation for Certification**

I verify that I provided a minimum of one year of supervision to \_\_\_\_\_ (applicant), and do hereby recommend this applicant should receive an endorsement as a School Counselor.  
 Yes     No

I verify that I have met the requirements for a Mentor School Counselor and have received the Mentor School Counselor Endorsement:  Yes     No

**24:28:27:07. Mentor school counselor endorsement.** A mentor school counselor endorsement requires completion of § 24:28:27:02 and verification of three or more years of experience as a school counselor.

Printed Name of Mentor School Counselor			
Email Address		Telephone (including area code)	
Address	City	State	Zip Code
Signature of Authorized Official			Date

Email: [certification@state.sd.us](mailto:certification@state.sd.us)

Mailing Address: Department of Education, Certification Office, 800 Governors Drive, Pierre, SD 57501