

Office of Educator Certification

School Counselor Mentor Sign-off

Type all information or use blue or black ink.

Recommendation for Completion of School Counselor Mentoring

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| Part 1 – To be completed by the applicant – once completed, send this form to your Mentor School Counselor. | | |
| Last 4 digits of SSN: | Telephone Number: | |
| Last Name: | | First Name: |
| Maiden/Previous Last Name: | | Email Address: |

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| <p>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</p> <ul style="list-style-type: none"> • 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. • 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. |
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Recommendation for Certification

- I verify that I provided a minimum of one year of supervision to the applicant above 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

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| Printed Name of Authorized Mentor School Counselor: | | |
| Email Address: | Telephone Number: | |
| Address: | | |
| City: | State: | Zip Code: |
| Signature of Authorized Mentor School Counselor: | | Date: |