

Date Received by SD DOE:
Form EPV11 (12/2018)

Office of Educator Certification

Type all information or use blue or black ink.

School Counselor Mentor Sign-off

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		Telephone Number	
Last Name	First Name	Maiden/Previous Last Name	
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

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 name)

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 Number			
Address	City	State	Zip Code
Signature of Authorized Official			Date

Save the completed form as a PDF and Email to certification@state.sd.us