

MASTER OF SCIENCE IN REHABILITATION COUNSELING

Name: _____

Address: _____

V-number _____

WOU Email address: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

Advisor: _____

COURSES		Term	Grade	Credits
I. Required Courses				
RC 609	Practicum in Rehabilitation Counseling			8
RC 610	Rehabilitation Counseling Internship			20
RC 611	Counseling and Helping Relationships			4
RC 612	Theory and Techniques of Counseling			4
RC 613	Career Development Theories and Job Development and Placement Techniques			4
RC 623	System and Social Justice in Rehabilitation Counseling			2
RC 625	Research and Program Evaluation			4
RC 630	Group Counseling and Group Work			4
RC 631	Human Growth and Development Theories			4
RC 632	Medical & Psychosocial Aspects of Disabilities			4
RC 633	Social and Cultural Foundation in Counseling			4
RC 634	Diagnosis/Treatment Planning and Psychopharmacology of Mental Disorder			4
RC 640	Trauma and Crisis Intervention in Counseling			4
RC 645	Counseling in Addictive Behaviors			4
RC 650	Professional Counseling Orientation and Ethical Practice			4
RC 651	Professional Counseling Ethical Practice II			2
RC 660	Caseload Management & Community Partnerships			4
RC 662	Assessment and Testing			4
RC 670	Professional Topics Seminar			2
Optional: Writing Course (3 or 4 credits)				3-4

ALL STUDENTS MUST COMPLETE A COMPREHENSIVE CASE CONCEPTUALIZATION PRESENTATION FOR THE DEGREE

TOTAL QUARTER HOURS: **94**

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Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPROVED: Director of Graduate Student Success & Recruitment

Date: _____

MASTER'S DEGREE COMPLETION DATE: _____

Portfolio Evaluation Date: _____