



*Fieldwork Objectives*  
*Educational Counseling Program*

Collaboratively, the school counselor trainee and On-Site Supervisor will develop objectives for the fieldwork experience based on the skills and knowledge the school counselor trainee wants to develop or strengthen. Please select realistic objectives that can be completed within the time constraints of this experience and contribute to the overall mission of the school counseling program.

Please keep in mind the requirement for each fieldwork site placement is **200 hours**, with approximately **160 hours** of direct student contact.

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Starting Semester/Term: \_\_\_\_\_

Fieldwork Site: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

**Objectives:** List 2-3 primary objectives for each area listed below. You will be expected to engage in all areas during fieldwork. Develop site objectives that are constructed in smart goal format and linked to course learning objectives.

School Counselor trainees will use the ASCA School Counselor Competencies Checklist to assist in the development of site objectives. The Annual Student Outcome Goal Plan, Classroom and Group M&B Action Plan, and Annual Calendar templates will guide the work of the school counselor trainee at the site.

1. Instruction (Classroom Delivery in the Academic, Social/Emotional, Career Domains).

By the end of this fieldwork experience, I want to:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Appraisal & Advisement. By the end of this fieldwork experience, I want to:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

3. Counseling. By the end of this fieldwork experience, I want to:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_



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4. Referral Consultation, and Collaboration. By the end of this fieldwork experience, I want to:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. Defining, Managing, Assessing. By the end of this fieldwork experience, I want to:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Counselor Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On-site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_