

MASTER OF SCIENCE IN REHABILITATION AND MENTAL HEALTH COUNSELING

Name: _____

Address: _____

V-number: _____

Email address: _____

Phone: _____ Cell Home Work

Advisor: _____

- Track Choice: General Rehabilitation Counseling (RC)
 RC: Deafness Program (RCD)
 Mental Health Counseling Track (MHC)

COURSES		Term	Grade	Credits
I. Required Courses (81 credits)				
RC 522	Medical and Functional Aspects in Rehabilitation			3
RC 632	Psychosocial and Environmental Aspects of Disability			3
RC 609	Practicum in Rehabilitation Counseling			9
RC 610	Rehabilitation Counseling Internship			18
RC 611	Introduction to the Helping Profession			3
RC 612	Theory and Techniques of Counseling			3
RC 613	Lifestyle and Career Development			3
RC 620	Professional Orientation to Rehabilitation Services and Resources			3
RC 621	Job Development, Placement, and Retention			3
RC 625	Rehabilitation Counseling Research			3
RC 630	Group Work			3
RC 631	Family, Disability and Life Span Development			3
RC 633	Social and Cultural Diversity Issues in Rehabilitation Counseling			3
RC 634	Diagnosis/Treatment of Mental Illness in Rehabilitation			3
RC 650	Ethical Issues in Rehabilitation Counseling			3
RC 660	Caseload Management in Rehabilitation Counseling			3
RC 662	Measurement and Assessment Procedures in Deafness and Rehabilitation			3
SPED 672	Transition and Self-Determination			3
II. Electives (3-6 credit hours)				
	RC Students			6
	RCD Students (see below for additional required courses)			6
	MHC Students (see below for additional required courses)			6
	<i>*Highly recommended that students take RC 575 Hearing Loss and Assistive Technology</i>			
III. Required Courses for Rehabilitation Counseling Deafness (RCD)				
RC 590	Professional Issues/Deafness			3
	Elective			3
IV. Required Courses for Mental Health Counseling (MHC)				
PSY 561	Psychopharmacology			4
PSY 525	Drug and Alcohol Assessment			4
PSY 527	Crisis Assessment and Intervention			1
				TOTAL QUARTER HOURS: 81-90

**All RCD students must demonstrate American Sign Language proficiency.

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

APPROVED: Director of Graduate Studies _____ Date: _____

MASTER'S DEGREE COMPLETION DATE: _____ Portfolio Evaluation Date: _____