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| <b>TRANSITIONAL COUNSELOR SUPPORT REQUEST FORM</b> |
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Mt. San Jacinto College strives to support our local high schools. If you are interested in requesting a Transitional Counselor at your high school, please complete and submit this form.

**Please submit this form THREE WEEKS prior to the scheduled event(s).** Due to a high volume of requests, MSJC may not be able to accommodate all requests. You will receive a response via email within 14 business days to confirm and set up your request. All submitted requests will receive a response. Please submit one form for each request.

Today's Date: \_\_\_\_\_

High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Alternate Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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**TO SCHEDULE A TRANSITIONAL COUNSELOR AT YOUR HIGH SCHOOL**

Please check the boxes below for the transitional counseling services you are requesting and email this form to Todd Hoover (thoover@msjc.edu), in the Counseling Department.

**Transitional Counselor Support Needed:**

- ☐ **College Kickoff Support (Group New Student Counseling Session, tabling at senior event, major exploration)**

Date(s), Date Range: \_\_\_\_\_

Time: \_\_\_\_\_

Number of seniors scheduled to attend: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

☐ **Senior Support (Abbreviated educational plans, tabling at senior event, transition information, student portal support, registration support)**

An internet-ready computer lab is required for abbreviated educational plans. The MSJC Online Application **and** Orientation must be completed prior to the date requested.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Number of seniors scheduled to attend: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

☐ **Transitional Counselor on Campus (weekly interaction, individual and/or group presentations, abbreviated educational plan)**

An internet-ready computer lab is required for abbreviated educational plans. The MSJC Online Application **and** Orientation must be completed prior to the date requested.

**Please read additional section below and complete the necessary information.**

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Arrival Time/Departure Time: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

**Check each box in agreement to support our collaborative effort for students transitioning to MSJC.**

- ☐ *District identified staff member to help support transitional counselor (pre-schedule students being called out of class, provided passes, technical support with SIS).*

*Coordinator Name/Extension:* \_\_\_\_\_

- ☐ *Office space with accessible computer, printer & paper resources, along with remote access to MSJC desktop*

*Office/Room#:* \_\_\_\_\_

- ☐ *Roster of students (First name, Last Name, Date of Birth) scheduled to attend workshops or individual sessions with transitional counselors*

*Number of students intended to be serviced per day:* \_\_\_\_\_