School Counseling

As part of the training of school counselors at Adams State University, counselors-in-training are required to enroll in a Practicum/Internship class that involves counseling individuals and groups in order to practice skills. The work of counselors-in-training are supervised by University faculty, peer supervisors, and Site Supervisor(s). Counseling sessions with you/your child help counselors-in-training meet the requirements for this class that ends on ___________________. By completing the following informed consent you/your child are agreeing to enter a professional school counseling relationship with a counselor-in-training with the understanding of what that professional relationship entails.

I, (the student and parent/guardian), understand that a critical part of the counseling relationship is the establishment and maintenance of a trusting and confidential relationship between the counselor and the student. I (as parent/guardian) will honor the counselor/student privilege of confidentiality and know that the counselor will always encourage a strong line of communication between the student and his/her parent(s), teacher(s), and other stakeholders in the student’s life. I understand that the best interest of the student is the core focus of any interaction between the counselor and student.

I, (the student), understand and have been told that all of my counseling sessions will remain confidential except when mandated by state law, when court-ordered or when consent has been given to release information. These cases include: (a) any form of suspected child abuse [neglect, physical, and/or sexual], (b) child is determined to be a danger to themselves or others [i.e., suicide, homicide, threat to injure someone, etc.], (d) supervision setting as the counselor is practicing as a counselor in training (e) the student and parent/guardian directs the counselor in writing to share information with another individual.

I, (the student), also understand that the counselor may choose to consult with other professionally competent mental health professionals about my case. If consultation occurs, in no way will the student’s identification be revealed. I also understand that the counselor is currently a student who will receive supervision based on my case that will be kept confidential unless I am deemed to be a threat to myself or others, or there is suspected child and/or at-risk adult abuse.

If you or your child is participating in group counseling confidentiality will still be maintained, however you should be aware that in a group setting confidentiality cannot always be ensured. The group leader can provide additional information on confidentiality in a group setting.
By signing below you agree that you have read and understand the above statements regarding confidentiality, consultation, and counseling. You may contact the counselor-in-training at any time to talk with him/her regarding your child and that you may withdraw this consent at any time through a written letter to the counselor. You understand that if a report is made regarding suspected child abuse, you may not always be the first notified of this report. Should the situation arise that you have a complaint/grievance against the counselor seeing your child you may contact any of the following people:

_________________________________________________ (Site Supervisor)
_________________________________________________ (School Administrator)
_________________________________________________ (ASU Faculty Supervisor)

The Clinical Coordinator at Adams State University can be contacted at 719-587-7626.

Consent Statement

I, _____________________ (student), agree to be counseled by __________________(name of practicum/internship student) at _____________________________________(name of school). I, ________________________ (parent/guardian), agree to allow my child to engage in counseling by the named school counselor-in-training.

_______________________________________________ (Student)  __________________________  (Date)
_______________________________________________ (Parent or Guardian)  __________________________  (Date)
_______________________________________________ (Counselor-in-Training)  __________________________  (Date)

Consent to Record Statement (check if applicable) _____

I agree to have my counseling sessions recorded. I understand that recording our sessions is part of the required training for counselors-in-training in the Department of Counselor Education at Adams State University. I understand that the recording will be kept secure and confidential and will be used solely for the education of my counselor-in-training in individual and/or group supervision. Adams State University uses a secure, password protected server to store all counselor-in-training recordings for later viewing by Site Supervisors and University faculty. Once a counselor-in-training successfully completes the Practicum or Internship course, the recordings are deleted from the server.

_________________________________________________ (Client/Parent or Guardian)  __________________________  (Date)
_________________________________________________ (Counselor-in-Training)  __________________________  (Date)