School Counseling

As part of the training of school counselors at ASU, 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, ____________________________________ (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.

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/reported child 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 are also agreeing to have your child be counseled by the school counselor-in-training __________________________________ (name of practicum/ internship student). You may contact him/ her 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.

_________________________________________________ ____________________________

(Student)                                                          (Date)

_________________________________________________ ____________________________

(Parent or Guardian)                                                        (Date)

________________________________________________ ____________________________

(Counselor-in-Training)                                                            (Date)

_Counseling Services_

[ ] Individual

[ ] Group