I understand that I will be taking an experiential approach to learning counseling skills in Pre-Practicum. I will participate in experiential activities in the classroom (as a client and counselor) and perform individual practice sessions with my colleagues in class. As a client, I may choose to deal with real or role played concerns. Additionally in class, I will observe other students practicing in the role of client and counselor in which they share important personal material.

I understand that confidentiality applies to my work with others as a classmate, as a counselor, and an as observer. I may talk about my own experience and my own disclosures but I MAY NOT discuss fellow student’s disclosures outside of the classroom. Moreover, in any professional counseling relationship (including training) sexual intimacy is never appropriate with a client.

The ACA Ethical Guidelines require the counselor keep information confidential except when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. If one of these cases exists in your Pre-Practicum work, consult with your instructor immediately. They will assist you in determining how to proceed.

Because the statues governing the practice of counseling vary among states, I understand that it is my responsibility to be familiar with and adhere to the relevant statutes in the state in which I practice. I understand I can consult the following website to access my state’s statutes:

http://www.counseling.org/knowledge-center/licensure-requirements

In summary, my responsibilities are:

- To be open and honest in my work
- To respect others and be professional by maintaining confidentiality
- To provide honest, clear and sensitive feedback
- To be open to feedback and use it as a learning experience

__________________________________________
Student Signature                            Date

__________________________________________
Student’s Name (please print)

__________________________________________
Cohort (please print)