Pre-Practicum Disclosure Statement  
Department of Counselor Education  
Adams State University  

Colorado Campus/ Off-Campus & Online Plus Students

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 as an 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 have written consent to disclose any information about the client except in the case of the following: (a) suspicion of child abuse, (b) threat of client harming self or others, and (c) client being unable to care for themselves. 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 statutes 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://nbcc.org/directory

In summary, the student’s 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)