

Department of Counselor Education Informed Consent

In compliance with the American Counseling Association's Code of Ethics regarding counselor training, and because the Department of Counselor Education at Northeastern Illinois University is a graduate degree program and a clinical training program, the admission to this Department indicates that an admitted student agrees to the following:

- 1. Self-disclosure of personal information in papers, journals, discussions and other assignments for the purposes of self-reflection, awareness and improvement of interpersonal skills.
- 2. The faculty of the Department of Counselor Education conducts a student review process that authorizes students into Practicum. Students are evaluated in terms of their clinical skills as well as their ability to demonstrate self-reflection, their openness to feedback, and their capacity to establish beneficial relationships as future professional counselors, in addition to their academic grade requirements. The review could result in authorization to Practicum, postponement or remediation.
- 3. If students exhibit unethical behavior, emotional behaviors that interfere with their professional development, or difficulties relating to clients from diverse backgrounds, students could be deemed unprepared or unqualified to continue into Practicum or in the program.
- - 6. It is the responsibility of the student to abide by Departmental and College of Graduate Studies and Research requirements for successful advancement and completion of their programs.
 - 7. Faculty conduct a systematic developmental evaluation of student's progress throughout the program including student's academic performance, professional development, and personal development. Consistent with established institutional due process policy, and professional counseling association' code of ethics, and other relevant codes of ethics and standards of practice, if evaluations indicate the a student is not appropriate for the program, faculty members help facilitate the student's transition o of the program and, if possible, into a more appropriate area of study.

I have read this document and agree to its contents.

Student Name (please print)

Student Signature

Date

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