

TERMS OF AGREEMENT

I accept the offer to join the Masters Cohort in School Counseling and therefore

1. I agree to join the American School Counseling Association by August. Details of how to join will be provided. Membership also includes liability insurance.
2. I commit to attend all classes, except in cases of emergency, realizing that other members of the class depend on my attendance to practice their skills.
3. I agree to attend one academic conference during EACH year of the program, as instructed by the Counseling Faculty.
4. I understand that I must pass decision points 3 and 4 and must receive 'acceptable' ratings on all Disposition requirements throughout the entire cohort program.
5. I understand that in program classes I will have a twofold role. As a student counselor, I will be required to demonstrate entry level counseling knowledge, skills, techniques and dispositions. As a student client I will be responsible for choosing personal behavior change goals for individual and group counseling. I agree to make a sincere effort to work on my chosen goals during group and individual exercises in class.
6. I understand that throughout the program I will be required to self-disclose some personal thoughts, feelings and behaviors during class exercises. I understand that I always have the right to decline to discuss specific personal information. I understand that no part of my grade is determined by what I disclose during the program.
7. I understand that it is my ethical and professional responsibility to keep personal information disclosed by other students in the program confidential, and not to disclose information shared by others outside of class.
8. I agree to abide by the ethical guidelines of the American School Counselor Association when I work as a student counselor in the K-12 schools.
9. If I am not currently working in K-12 schools, I agree to have a criminal history check if required by the school where I will do my practicum and internship.
10. I understand that faculty members, site supervisors, or advisory board members may review my work and copies may be kept to demonstrate program standards.

Signature _____ Date _____

Return to Dr. Mary Bradley, IUS, 4201 Grant Line Road, New Albany, IN 47150