UNIVERSITY OF SOUTHERN MAINE  
Counselor Education Program  

Individual Counseling Practicum  

DISCLOSURE STATEMENT (Children)  
for  

Counselor Trainee  

The following disclosure statement is provided to give you (and your minor child) information concerning my background and the nature of the process for which you (and your child) have volunteered.  

I am currently a student in the Counselor Education Program at the University of Southern Maine (USM). One requirement of my training is to successfully complete a practicum course. The primary goal of a practicum course is to develop a counselor trainee’s skills in the area of individual counseling in a professional setting. Therefore, I will be expected to practice skills learned in previous courses, work with a variety of clients, and evaluate my professional growth. I have a general knowledge of theoretical approaches to human behavior and training in counseling techniques, and will be expected to apply this knowledge and skill.  

Counseling is a process of change. Personal understanding and individual change occur over a period of time. As a counselor trainee, it is my role to help your child recognize his/her potential for change. Your child’s volunteer experience will be defined by the limits of the academic semester. This means that we will finish by the middle of December in the fall, or the middle of May in the spring. Because of my status as a trainee, it is important that you (and your child) as a volunteer know that if your child has suicidal and/or homicidal thoughts, your child may be better served by seeking other services.  

Confidentiality is a crucial aspect of the professional counselor’s role, and is therefore important for this practicum course. I want to make sure I clarify the nature of confidentiality through this course. Because I am in training, I am closely supervised by USM faculty and a site liaison/supervisor. Therefore, information is shared with these individuals for the purpose of monitoring my progress. Information may include written documentation such as intakes and progress notes, as well as oral processing. I am also required to make audio and/or visual recordings of each session to evaluate my counseling skills. My university supervisors will review these recordings and verbatim transcriptions. On occasion, my class will also review selected portions of recordings. All of these individuals are expected to follow ethical guidelines for confidentiality. Beyond the needs of class and supervision, all information and recordings will remain confidential.  

It is important that I clarify special circumstances where confidentiality cannot be maintained. These circumstances include: 1) threat of serious harm to self or others; 2) reasonable suspicion of child abuse, or abuse of elder or any incapacitated person; 3) court order; 4) voluntary release signed by client or guardian; 5) in defense against legal action or formal complaint which client makes before a court or regulatory board; and/or 6) during supervisory consultations.  

At the end of working with your child, I will be required to produce a one-page summary of our sessions, which will be kept in a locked, confidential space for ten years. All other materials produced for this practicum class will be destroyed within 30 days of the conclusion of the course and all recordings will be erased. However, the agency in which your child is being seen may have additional policies regarding this issue.  

If you (or your minor child) have any concerns regarding this volunteer experience, or if you (or your minor child) are dissatisfied for any reason please contact me or the Department of Human Resource Development at the University of Southern Maine (780-5316). You and your child are welcome to ask questions at any time.  

Please sign and date on the line below. Your signature indicates you understand and agree with the above statement and terms.  

__________________________________________________________  ____________________________  
Printed Name of Minor Child  Date  

__________________________________________________________  ____________________________  
Signature of Minor Child        Date  

__________________________________________________________  ____________________________  
Signature of Parent or Guardian       Date