PERSONAL COUNSELING FORM
Purpose and Procedures

Policy Statement
All students admitted to the counseling program in the Department of Counseling are required to participate in a
minimum of three (3) individual counseling sessions. This requirement must be fulfilled prior to completion of
COUN 707, 708, or 704 for master’s students or COUN 989 – Advanced Seminar in Theories, Group, and Career
Counseling for doctoral students. Students who do not complete the Personal Counseling Requirement will not be
able to enroll subsequent courses.

Rationale
We can learn about the role of the counselor and the counseling process in many ways. Some of these ways are
through reading, lectures by professors, listening to audiotapes, viewing videotapes, studying descriptions provided
by clients and ex-clients, role-playing, viewing live counseling sessions and by being a counselor and a client.

In addition to the variety of classroom and clinical learning experiences provided in the program, you are expected to
experience being a client in a counseling relationship with a licensed professional counselor. This experience can be
one of the highlights of your counselor education program if you take seriously the inherent potential in the
experience and commit yourself to the process.

Counselors accept that all individuals experience both the challenge of the problems they cannot resolve alone and
the challenge of opportunities they cannot fully fathom. It is normal and natural for people to experience difficulties
in dealing with others as well as in dealing with themselves. Issues may include developing and reaching special
goals, educational choice, career choice, and personal and social matters. Often issues arise from relating to others
(interpersonal) and relating to oneself (intrapersonal).

Ultimately, our personal and professional development is defined by the way we handle these concerns; some of us
with some of these matters and some people with all of them. It is a rare person who is calm and assured in knowing
within him or herself that they are experiencing the richest and fullest life of which they are capable. The counseling
requirement is intended to assist students in the exploration of themselves and enhancing personal choices and
relationships.

The Counseling Process
As counseling professionals, we understand that the content of the counseling sessions must be held in strict
certainty between the student and the counselor. Consequently, there will be no sharing of information between the
counselor and the program unless the counselor deems exceptions to confidentiality.

Students may work with any counselor of their choice in the counseling experience. This includes private practice,
agency, and University counselors. The counselor must be a licensed professional counselor. Students are required to
complete a minimum of three (3) individual counseling sessions with the counselor.

Each student is responsible for submitting the Completion of Personal Counseling Requirement Form to the
Department office indicating that the three (3) session requirement has been met.
COMPLETION OF PERSONAL COUNSELING REQUIREMENT

Please check only one Program

PROGRAM

☐ Mental Health Counseling - Clinical
☐ Mental Health Counseling - Rehabilitation
☐ School Counseling
☐ PhD RCRCE

This is to verify that I am a licensed professional counselor and that __________________________ has completed a minimum of three (3) individual counseling sessions with me. I understand that the personal counseling is a fulfillment of the requirement of the Department of Counseling and is intended to give students an opportunity to learn more about the counseling process and enhance personal and professional growth. I also understand that there will be no further communication between myself and the Department unless I so choose, as stipulated by the Standards of Ethical Practice of the American Counseling Association and the Commission on Rehabilitation Counselor Certification Code of Ethics.

Signature of Counselor ____________________________________________ Date__________________

Credentials of Counselor ____________________________________________

Name of Agency/Institution ____________________________________________

Address ____________________________________________________________

Name of Student (please print) ____________________________________________

Signature of Student ____________________________________________ Date__________________

Name of Program ____________________________________________