

**Department of Counselor Education  
Northeastern Illinois University I  
Informed Consent for Case Study**

I give permission for my son/daughter \_\_\_\_\_  
*(Print Student's Name)*

to participate in this Case Study. I understand that the purpose of this case study is to provide the intern (counselor-in-training) with experience in studying and understanding the adjustment of students to the school environment. In order to become as familiar as possible with the student's development, the intern will have a series of interviews with the student. The intern is also encouraged to meet with one of the student's parents or guardians, interview faculty and staff who know the student, and read the student's file. I understand that the case study will be discussed in the intern's seminar with her/his professor at the university. All discussions are for the purposes of training future school counselors and will be held in strict confidence. I further understand that every precaution will be used to hide the student's identity if so chosen by the parent/guardian and student.

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Student)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Intern)*

\_\_\_\_\_  
*(Date)*