Professional Disclosure Statement for

Jaclyn Cervo, M.Ed., NCC

# Business Address and Contact Information

*Jaclyn Cervo, M.Ed., NCC*

*7th Grade School Counselor*

*Louisa County Middle School*

*P.O. Box 448, 1009 Davis Highway, Mineral, Virginia 23117*

*(540) 894-5457*

*cervojn@lcps.k12.va.us*

**Credentials**

Doctoral student in Counselor Education and Supervision, PhD program at Regent University (expected graduation 2013)

Masters of Education in School Counseling from the University of Virginia (2007)

Certified School Counselor (Virginia)

Nationally Certified Counselor (#226179, since July 24th, 2009)

Member of the following professional organizations: American School Counselor Association, Chi Sigma Iota.

**General Area of Competence**

Children and adolescence grades kindergarten through twelfth including the use of individual counseling, psychoeducational group counseling, classroom guidance, academic consultation and advising, mediation and crisis counseling.

**Experience and Training in Supervision**

I am currently working towards my doctoral degree in Counselor Education and Supervision at Regent University. This semester I am enrolled in a supervision and consultation course in which I will be learning about and gaining experience in supervision.

**Model of Supervision**

My model of supervision is a combination of the person-centered and constructivist approaches. From the person-centered approach I incorporate the belief that the supervisee has within him/herself “the ability and motivation to grow and explore both the therapy situation and the self” (Bernard & Goodyear, 2009, p. 83). Based on ideas from the constructivist approach I put emphasis on my ability to serve a “consultative role” so as not create a chasm between myself and my supervisee (Bernard & Goodyear, 2009, p. 87). The combination of both of these theories allows me to work with supervisees in a non-threatening manner that emphasizes the skills and potential skills of the supervisee.

**Evaluation procedures in Supervisory Relationship**

My supervision will consist of live observations, individual and small group case presentations. The supervisee will complete periodic self-assessments using a Supervision and Consultation Supervisee Self-Assessment Instrument.

**Limits and Scope of Confidentiality in the Supervisory Relationship**

The contents of our sessions and the information shared in case presentations will be subject to the usual limits of confidential with the exception of what I will share with my supervisor. The limits of confidentiality include: the imminent threat of harm to self or others, the abuse of children, elders or disabled persons, and information ordered by a court of law. All federal, state and school board statues related to limits of confidentiality also apply.

**Fee Schedule**

There will be no fee charged to the supervisee for my services.

**Emergency Contact Information**

In case of an emergency, the supervisee can contact me by calling my home phone at (434) 296-2117.

**Supervision Contract**

By signing and dating below, you, the supervisee, are indicating that you have read and understood the information included in this disclosure statement and that you are willingly entering into a supervision relationship with Jaclyn Cervo, M.Ed., NCC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jaclyn Cervo, M.Ed., NCC Date