

Mail to:
Program Advisor, Therapeutic Recreation
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Coquitlam, BC
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Faculty of Child, Family, and Community Studies

INFORMED CONSENT TO PROGRAM EXPECTATIONS AND REQUIREMENTS

This document is intended to:

- Provide you with information regarding the physical and mental health/wellness requirements for educational preparation and/or employment in your chosen field.
- Help you decide whether you have the physical and mental health/wellness necessary for completion of educational preparation and/or employment in your chosen field.
- Provide you with information about Douglas College student services available to help you meet the physical and mental health/wellness requirements of educational preparation and/or employment in your chosen field.

When considering your ability to handle the physical and mental health/wellness demands of your chosen educational program and work in the field, student should consider the following realities:

- Attendance is a requirement of all CFCS programs. Students are expected to attend and engage in scheduled classes.
- Classroom work frequently requires small group work, public speaking, and classes ranging from two to four hours in length. This requires that you are able to stay mentally focused and have the necessary physical stamina.
- Students are expected to be open, willing to give and receive feedback, critically evaluate their own performance and make themselves available for group work and study outside of scheduled class hours.
- Classroom work involves interpersonal communication and resolving conflict and negotiating work amid diverse opinions and learning styles in mature and productive ways.
- Course content may involve sensitive topics such as physical or sexual abuse, family issues, and addictive behaviour.
- Fieldwork demands adherence to the highest standards of personal and professional conduct based on the field's code of ethics.
- Fieldwork requires sensitive and helpful responses to a wide range of problem situations and behaviours.
- Fieldwork may involve participation in physical recreation activities and client lifts and transfers.
- Both classroom and fieldwork require tolerance for working in a professional manner with behaviours and attitudes that challenge personal beliefs and values.



In signing this document, I am acknowledging and accepting the following:

1. Education and work in this field may place me in situations that are physically and/or mentally stressful.
2. To obtain future employment in this field, I will need to be able to demonstrate suitable personal and mental health/wellness.
3. **Either a) or b) must be initialed before you sign this form**

_____ a) I am currently physically and emotionally capable of dealing with the
stress of the academic program and field placements

INITIALS

OR

_____ b) If I have any physical, emotional issues or learning disabilities that may
need to be considered in my educational program, it is my
INITIALS responsibility to notify the program by completing the following:

I. I am dealing with the following medical or emotional needs or learning disabilities:

II. This may impact my education in the following way (s):

III. I am prepared to meet this challenge by:

IV. I will need these supports:



4. I have been made aware of the following student services available to meet my individual needs, and understand it is my responsibility to access these supports as needed:
 - a. Centre for Students with Disabilities
 - b. Counselling Services
 - c. Aboriginal Student Services
5. If I have any physical or mental health issues or learning disabilities that may need to be considered in my educational program, I understand it is my responsibility to register with the Centre for Students with Disabilities to receive support and accommodation.
6. It is my responsibility to maintain my physical and mental well being throughout my educational program.

**This is a confidential document between yourself and Douglas College.
Information on this document will not be shared outside Douglas College without your consent.**

PRINT NAME: _____

Student Number: _____

Program: _____

Date: _____

Signature: _____