



Department of Counseling, Administration, Supervision & Adult Learning
College of Education

Clinical Mental Health Counseling Practicum Consent Form

I am a graduate student in the Clinical Mental Health Counseling Program at Cleveland State University. The first field experience component of the masters program includes a practicum experience. Practicum is a term used to describe a learning experience under the supervision of a Professional Clinical Counselor with a Supervisor endorsement (PCC-s). This semester I am working under the supervision of _____(supervisor's name) at _____(agency). If the child is a minor, I need parental/guardian consent to conduct counseling sessions with him/her.

As part of my training as a counselor, I am required to record some of my counseling sessions which are then reviewed by my university Practicum course instructor. In order to make these tapes I also need your consent. All tapes are kept in strict confidence and are used only for training purposes. Tapes are erased after supervision has been provided. Should you have any questions or concerns at any time you can contact my university instructor, _____(name) at _____(number) and/or my site supervisor, _____(name) at _____(number).

Please initial, after the activities you consent to, below. Please also sign and date the form at the very bottom.

Thank you very much for your cooperation,

Sincerely,

Professional Clinical Counselor Supervisor's Name: _____

Client's Name: _____

Parent/Guardian's Name: _____

I agree to allow _____ (Clinical Mental Health Counselor Trainee Name) to conduct counseling sessions with my child. I understand that all information is confidential. _____ (initial here)

I also agree to allow counseling sessions with my child be taped _____ (initial here) for educational purposes which I understand will be destroyed once the supervisor listens to them.

Parent/Guardian Signature: _____ Date: _____