

CLIENT/PARENTAL CONSENT FORM

Client: _____

Client Age: _____

Parent/Guardian: _____

Field Site: _____

PLEASE REVIEW AND CHECK BOXES.

- ☐ I agree to be counseled by a counselor trainee in the master's degree counseling program at Texas A&M University-Commerce. This trainee is a graduate student who has completed advanced coursework in counseling and is supervised by a faculty instructor/doctoral student supervisor and a field site supervisor.
- ☐ I further consent to the recording by audio or video recording of these counseling sessions for the purpose of supervision and evaluation of my counselor's work. The sole purpose of these recordings is to improve my counselor's skills. I understand these recordings may be reviewed during individual or group supervision meetings directed by my counselor's faculty instructor, faculty supervisor, and/or field site supervisor.

All recordings are considered confidential material and will be treated with professional respect and courtesy according to the Code of Ethics of the American Counseling Association. Recordings will be deleted/erased/destroyed after review.

Absolutely no recordings will be maintained after the current university semester is completed.

NOTE: As a client or parent, you may request a copy of this form. *Thank you for your willingness to participate in the training of competent professional counselors.*

SIGNATURES:

Client (or Parent/Guardian if client is under 18 yrs. of age)

Date

Counselor Trainee

Date

Faculty Instructor

Date
