

TRAINEE CONSENT FOR VIDEO & AUDIO RECORDING

This document may be used in either practicum or internship classes. It should be signed by the trainee and the original provided to the faculty instructor at the first class meeting. The trainee should retain a copy.

Trainee: _____

Semester/Year: _____

I agree to allow recording (by audio or video) of practice counseling interviews during my practicum or internship training. During this semester I will fulfill both the counseling and the client roles with my classmates and, on some occasions with the faculty instructor or a doctoral student assigned to the class.

I understand that these recordings are strictly confidential and will be used for limited supervisory purposes only. I also understand that any of the above recordings that are played during class, or any interviews that are conducted for demonstration/supervision purposes, even though I am not an active participant in the interview, are to be treated in accordance with the current American Counseling Association Code of Ethics.

Trainee Signature: _____

Date: _____

Faculty Instructor Signature: _____

Date: _____