Cleveland State University

College of Education and Human Services

Counseling, Administration, Supervision and Adult Learning

School Counseling Practicum Consent Form

Dear _____(school name) parent/guardian:

I am a graduate student in the School 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 the supervised practice of school counseling services under a licensed school counselor. This semester I am working under the supervision of _____(supervisor's name), school counselor at _____ (school). Because your child is a minor, I need your parental consent to conduct counseling sessions with him/her.

As part of my training as a school counselor, I am required to record some of my counseling sessions which are then reviewed by my university internship instructor. In order to make these tapes I also need your consent. All recordings 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 supervisor, _____(name) at _____(number) and/or my on-site supervisor, _____(name) at _____(number).

Please initial, 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,
_____(School Counselor Trainee Name)

School Counselor Supervisor's Name: _____
Student's Name:_____
Parent/Guardian's Name:_____

I agree to allow _____ (School 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 recorded _____ (initial here) for educational purposes which I understand will be destroyed once the supervisor listens to them.

Parent/Guardian Signature:

Date:_____