

TREVECCA NAZARENE UNIVERSITY

Counseling Practicum Consent Form (for use with minors)

I, _____, give permission for _____
(name of parent/guardian)

_____, a graduate student at Trevecca Nazarene University, to work
with and audiotape/videotape _____ in several sessions at _____
(name of minor)

_____.
(practicum site)

Regular supervision will be provided by the practicum supervisor until completion of the training program. Each university supervisor has extensive training and experience in doing counseling/psychotherapy. Sessions are audiotaped/videotaped for the purpose of supervision only. They will be erased at the termination of the practicum experience.

Parent/Guardian

Date

Witness

Date