TREVECCA NAZARENE UNIVERSITY

Counseling Practicum Consent Form

I, _____, give permission for _____
(name of client)

_____, a graduate student at Trevecca Nazarene University, to

audiotape/videotape _____ sessions at _____.
(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.

_____ _____

Client Date Witness Date