



# Cleveland State University

College of Education and Human Services  
Counseling, Administration, Supervision and Adult Learning

## School Counseling Internship Consent Form

Dear \_\_\_\_\_ (School Name) Parent/ Guardian,

I am a graduate student in the School Counseling program at Cleveland State University. The second field experience component of the master's program includes an internship experience. Internship is a term used to describe a learning experience under the supervision of a Licensed/Certified School Counselor. This semester I am working under the supervision of \_\_\_\_\_ (Supervisor's name), a School Counselor, at \_\_\_\_\_ (School/Placement). If the client is a minor, I need a parental/guardian consent to conduct counseling sessions with them.

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 course instructor. In order to conduct these recordings, I also need your consent. All tapes are kept in strict confidence and are used only for training purposes and are therefore not a part of the client/patient record. Tapes are permanently deleted following completion of supervisory consultation. Should you have any questions or concerns at any time you can contact my university instructor, \_\_\_\_\_ (name) at (216) 687- 4613 and/or my site supervisor \_\_\_\_\_ (name) at \_\_\_\_\_ (number).

Please initial, after the activities you consent to, below. Please also sign and date the form at the very bottom.

Thank you for your consideration,  
Sincerely,

School Counselor Supervisor's Name: \_\_\_\_\_  
Client's Name: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_

*I agree to allow \_\_\_\_\_ (School Counseling Student) to conduct counseling sessions with \_\_\_\_\_ (Client's name). I understand that all information is confidential. \_\_\_\_\_ (initial here).*

*I also agree to allow counseling sessions with \_\_\_\_\_ (Client's name) to be recorded for educational growth purposes, which I understand will be destroyed once supervision is received. \_\_\_\_\_ (initial here).*

School Counselor Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if applicable) Signature: \_\_\_\_\_ Date: \_\_\_\_\_