Field Placement Tape Consent Form

The field experience component of the master’s program in Counselor Education includes practicum and internship experiences (P/I) for master’s or doctoral level counselors-in-training. P/I is a term used to designate the supervised practice of counseling students who are conducting individual or group counseling. Counseling services are conducted by students from the Counselor Education Program in the College of Education at the University of New Orleans. Students are under supervision from site supervisors from the field placement and supervisors from the Counselor Education program.

The counseling process is an evolving experience. Professional counselors have found the use of video tapes effective as a means of summary and reflection for a client and a counselor. A faculty or doctoral student supervisor reviews students’ tapes during weekly one-hour supervision sessions with counseling students. The focus of the video is on the counseling student, not a client. Only the clients voice must be heard in the video. The client does not need to be seen in the video. The student must be able to see the client. All tapes are kept in strict confidence and are used only for training purposes. Videos are erased after supervision has been provided.

Please be aware that counseling students and their supervisors are focusing on how counseling students can be better counselors (their strengths and weaknesses). Clients are being helped in an area he or she wants to improve.

I give permission to ___________________________ to record this and any other future sessions herein agreeing to the terms outlined above.

_______________________________  _________________________________
Client’s Name (Print)             Legal Guardian’s Name (if applicable) (Print)

___________________________  __________________________
Client’s Signature             Date                         Legal Guardian’s Signature (if applicable) Date

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Counselor-in-Training’s Name (Print)

___________________________  __________________________
Counselor-in-Training’s Signature             Date