



School of Education

Department of Counselor Education

Counseling Session Recording Agreement

Permission to Record

_____ is a counselor-in-training in the Department of Counselor Education at North Carolina Central University. This person has already completed at least four semesters of full-time study, and the faculty has deemed this student counselor ready to see clients in the field.

As part of their training, student counselors must record a selected amount of their counseling sessions for review by a faculty member. The faculty member reviews these recordings to assist the student counselor in developing and enhancing their skills.

By signing below, you agree to allow your sessions (or your child's sessions) to be recorded. You understand that this is done solely for the purposes of training, and that the focus of the recording will be on the student counselor.

It is likely that the recording will be reviewed by the student counselor's faculty advisor and a small group of student counselors engaged in group supervision with your student counselor. No one else will be allowed access to your recording, and your recording will be erased immediately after it is reviewed.

Client's Name (please print)

Client's Signature (if over 18)

Date

Parent or Legal Guardian's Signature (if client under 18)

Date

Student Counselor's Signature

Date

Failure to sign this agreement will not prevent you or your child from receiving services from this student counselor. It only means that your session(s) will not be recorded.

The student counselor will keep this form in their records. It will not be kept at North Carolina Central University.