

INFORMED CONSENT FOR COUNSELOR INTERN

Your counselor is an intern that has completed most or all master's degree courses in counseling from a graduate school. Your counselor intern is currently a:

- Practicum Student
- Licensed Professional Counselor - In Training (LPC-IT)
- Licensed Advanced Practice Social Worker - In Training (APSW-IT)

Practicum students are working under the direct supervision of a university faculty member and a site supervisor who are both licensed/certified by the state. Each LPC-IT and APSW-IT work under a licensed site supervisor. The site supervisor periodically reviews and discusses your counseling sessions in an effort to make sure that you receive the best care possible. This review may include discussion, notes, and constructive feedback with your counselor intern of any topics discussed in your counseling session. Your counselor's site supervisor is

_____.

By signing below, you are stating that you have been informed of the qualifications of your counselor intern and the role of the site supervisor. If you have any questions at this time, please discuss them with your counselor before signing.

Client Signature _____ Date: _____

Guardian Signature _____ Date: _____

Clinician Signature _____ Date: _____