

**PARENTAL/GUARDIAN CONSENT AND CHILD ASSENT FORM**

**Client's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone (home/office):** \_\_\_\_\_

The Department of Counselor Education and College Student Personnel at Western Illinois University prepares its students for clinical and field courses, which emphasizes the development of clinical skills for students. Students are required to videotape counseling sessions as part of their course degree requirements.

Counselor trainee, \_\_\_\_\_, is available to work with your son/daughter, a student at \_\_\_\_\_ (community agency/school). The counseling sessions conducted with your child will be videotaped and will be reviewed by the student's supervisor (*name*): \_\_\_\_\_. All videotapes made will be erased at the completion of the semester.

Thank you for your cooperation.

**Parent/Guardian Signature:** \_\_\_\_\_

: \_\_\_\_\_

*By typing your name on this form, you are acknowledging that this serves as your legal signature.*