



Permission to Digitally Record

Consent Form for Use in

Individual and Clinical Team Supervision

This is to confirm that I give my consent to _____, who is

a counseling intern student with the Department of Counselor Education at The College of New Jersey, to digitally record any or all of our counseling sessions at

_____, _____,
(School/Agency) (Address)

for the purpose of supervision, consultation, and training. I further understand and agree

that these digital recordings may be reviewed with supervisors and a clinical team at one

or both of the institutions noted herein and that these digital recordings will be erased/deleted

immediately following such reviews to safeguard the confidentiality of these counseling

sessions.

Client/Counselee Date

Legal guardian (if required by age or other life circumstance) Date

Counseling Intern Student Date

Site Supervisor Date