



CONSENT TO LIVE or TAPED SUPERVISION

Date: _____

Name: _____

I understand that by receiving services by a Supervisee of Social Work or a Licensed Mental Health Clinician who is under supervision for Play Therapy, the Site Supervisor is required to meet with the Supervisee on a weekly basis to consult about my treatment.

As part of this consultation, the Site Supervisor will either have to view taped sessions or sit in on the session periodically throughout the course of my treatment.

(1) I give consent for the Supervisee to video-tape my therapy sessions and for the video recording to be used for the sole purpose of supervision and consultation.

Signed: _____ Date: _____
(Client)

(2) I give consent for the Site Supervisor to sit in on my sessions to observe the Supervisee's clinical skills and provide supervision and consultation.

Signed: _____ Date: _____
(Client)

(3) I do not give consent to video-tape my sessions, nor do I give consent for the Site Supervisor to sit in on the sessions; therefore, I understand that I cannot receive services from a Supervisee.

Signed: _____ Date: _____
(Client)

Signed: _____ Date: _____
(Supervisee)