

GEORGE MASON UNIVERSITY
Counseling and Development Program
PreK-12 Practicum and Internship

POLICES REGARDING USE OF AUDIOTAPE-RECORDED INTERVIEWS

- Interviews may be recorded only with written permission of student (client) or parent (if student is a minor).
- Interviews may not be recorded for personal use.
- Last names of client must not be used on tape.
- Where material on tape may be damaging in any way to client, identifying names or places should be erased.
- Tapes are for the sole purpose of instruction of Student Counselor by University Supervisor, On-Site Supervisor, and in-class critique of Student Counselor's counseling skills. All discussions of tapes are to be kept confidential.
- Tapes containing interviews must not be left where unauthorized individuals can obtain them.
- All tapes must be destroyed at the end of the course.
- Permission form included in this manual may be revised to meet the specific requirements of the site.

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NOTE: Sessions will be recorded only with the knowledge and written consent of the counselee or custodial parent, in the case of a minor.

Taping of the counseling session will enable the Student Counselor to have an additional opportunity to review the session and plan for future sessions. If you agree to allow counseling sessions to be taped, your counselor, her/his On-Site Supervisor, and the University Supervisor will screen the recordings at George Mason University.

If the recordings are not considered appropriate for use in the counselor-training program, or if it is believed that you might be identified even after the erasures of names that you might have mentioned during the sessions, then the taping will be immediately erased. Every attempt will be made by your Student Counselor and her/his supervisors to ensure that you will not be identified.

The recording of sessions is considered to be of mutual benefit. Your cooperation would be appreciated.

I have read the above and I give my permission for _____ to tape record our

(Student Counselor's Name)

counseling sessions as described herein.

Date: _____

Signature of counselee: _____ Age: _____

IF THE COUNSELEE IS UNDER AGE 18 YEARS OLD, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

I have read the above and I give my permission for _____
(Student Counselor's Name)

to record counseling sessions with my child: _____
(Counselee's Name)

Signature of Parent/Guardian: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ - _____ - _____