

**School Counseling Practicum/Internship
Counseling Educational Psychology and Research
The University of Memphis**

Permission to Audiotape in School Settings

A graduate student in the School Counseling program at the University of Memphis has been placed at your child's school as part of a clinical experience. As part of clinical training, he/she is required to provide guidance counseling for students at your child's school. A professor in the Department of School Counseling at the University of Memphis is supervising the university student. In order to demonstrate his/her skill at conducting guidance sessions with school age children/youth, the counseling student is required to record the guidance sessions. This letter is a request to record your child. Please note that recorded guidance sessions are used only for instructional purposes and are destroyed once Professors in the School Counseling Program have evaluated them. Your child will not be identified in anyway. Please sign and return this letter to your school if you grant permission for the taping.

I _____(Name of parent/guardian) give my permission to have _____ (your child's name) guidance sessions recorded with the understanding that these tapes will protect my child's identity and that they will be destroyed upon completion of supervision.

Parent or Guardian Signature _____ Date _____