

North Carolina State University

Counselor Education Program

Supervision Informed Consent-Masters Practicum

I agree to participate in supervision sessions with _____
who has explained the limits of confidentiality to me. I am aware that my session will be
audio-taped or videotaped (or observed live) for the purposes of instruction and supervision,
and that segments of the tape on which I appear will be viewed by
my instructor, or other doctoral level supervisors in the Counselor Education Program at North
Carolina State University.

Supervisee's signature

Date

Supervisor's signature

Date