

**University of Arkansas**  
**CNED 6043**  
**SUPERVISION VIDEO CONSENT FORM**

The Counseling program at the University of Arkansas, as part of its teaching curriculum requires supervision students to record their sessions for purposes of reviewing the student's counseling supervision skills and practice via group and individual supervision.

Please sign below, granting permission for your supervision sessions to be recorded for the

\_\_\_\_\_ semester of 20\_\_\_\_\_.

I \_\_\_\_\_ hereby give my permission for the University of Arkansas to videotape my session with my Ph.D. student supervisor. I understand that such information or materials will not be used by persons other than those in training with the University of Arkansas and that the content of the sessions will be confidential within this program. The videotaping is for educational and training purposes only and will not be made a part of my records maintained by U of A.

Supervisee's Name (print): \_\_\_\_\_

Supervisee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_

Supervisors's Signature: \_\_\_\_\_ Date: \_\_\_\_\_