

**Parental/Student Consent Form****School Setting** (rev 9.07)Department of Counseling Texas A&M University—Commerce  
P.O. Box 3011, Commerce, TX 75429-3011**Student:** \_\_\_\_\_ **Student age:** \_\_\_\_\_**Parent/Guardian:** \_\_\_\_\_**Counselor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Your child has the opportunity to receive counseling services at (school) \_\_\_\_\_.

The purpose of counseling is to help your child develop the skills to resolve difficulties that may be interfering with academic and personal success. Counseling is designed to assist your child in areas such as self-awareness, decision-making, improved behavior, social adjustment, and other needs as they arise. By participating in a short-term counseling process, he or she will, hopefully, learn how to work through problems independently and become a more productive and motivated student.

These counseling services will be provided by a counselor trainee in the master's degree counseling program of the Department of Counseling at Texas A&M University-Commerce. She/he has completed advanced graduate coursework in counseling and is supervised at the school and via the University. Counseling interviews are recorded (audio or video) to help the counselor improve his/her skills and are erased by the end of the semester. All recordings are treated according to the Code of Ethics of the American Counseling Association.

Your signature below indicates you are willing for your child to be video/audiotaped while receiving counseling services. If you are interested in more information or are concerned about your child's progress, please contact the counselor for consultation at the telephone number listed above.