

CONSENT FORM

I, \_\_\_\_\_, am hereby giving my permission for the student therapist, \_\_\_\_\_, to use my background information (age, ethnicity, gender, education, etc.), my presenting problem, and the recorded session for a class assignment, to be shared in its entirety with the professor (Dr. Sheila Grant), and a 15-minute segment shared with my classmates during my class presentation in PSY 460 (Counseling & Interviewing).

By signing below, I hereby give my full consent,

\_\_\_\_\_  
Pseudo Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Therapist's (witness) Signature

\_\_\_\_\_  
Date