Texas Wesleyan UNIVERSITY Smaller. Smarter.

Graduate Counseling Program
3106 E. Rosedale
Fort Worth, Texas 76105

Professional Counseling Experience Form

This form fully protects your civil liberties when the following conditions are met:

1. All blanks are filled out prior to your signing it:
2. Signing this is not required as a condition of treatment:
3. That you sign only after a specific request is made:
4. That you fully understand that the release is limited to include only the individual listed below.

Consent

Re: ____

I authorize ____(name of therapist or counselor and credentials) to exchange professional information concerning the date and time of my counseling sessions and to complete a checklist assessment with Professor __________________________________ of Texas Wesleyan University for the following reasons.

1. To verify the date and time I completed 5 personal counseling sessions to fulfill partially the requirements for continued participation in the Graduate Counseling Program. _________ (Initials)

2. To verify my emotional capability to advance into Practicum Training in the Graduate Counseling Program at Texas Wesleyan University. __________ (Initials)

This release expires upon my completion of the program, upon my written withdrawal of the release, or one year after the signature date—whichever occurs first.

Any information authorized for other professionals to release will be held strictly confidential and will not be released without your permission, within the legal limits of the State of Texas and the ethical codes of the American Counseling Association (ACA) and/or the American Association for Marriage and Family Therapy (AAMFT).

	Date	Time
Session 1	__________________________	_____________________
Session 2	__________________________	_____________________
Session 3	__________________________	_____________________
Session 4	__________________________	_____________________
Session 5	__________________________	_____________________

Student's signature: ____ Date ________________

Advisor's signature: ____ Date ________________

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Recommendation to Advance into Practicum

I recommend ________________________________ be allowed to continue into the Practicum Portion of the Graduate Counseling Program at Texas Wesleyan University.

_________ With reservation

_________ Without reservation

Therapist's Name: ____
[Printed]

Therapist's Signature: ____Date ____________

Therapist's Address: ____

____

____

Therapist's Phone: ____