



Grace Counseling
4900 N Norton Ave
Kansas City, MO 64119
Tel: (816) 810-7730

Student Observation Informed Consent Form

I, _____, hereby submit my consent to Grace Counseling for the counseling student, Faith Maslak, to sit in and observe my sessions with Jerry Purviance. During the student's counseling certification, observing sessions provides the student the opportunity to learn from the interaction between clients and counselors for training purposes. I understand that observing sessions is a requirement for the student's certification and the student has received training on the importance of confidentiality and is required to maintain it. The student observer will not perform or assist in the counseling session.

By signing below, I acknowledge that I have read, understood, and agree to everything in this agreement. I am voluntarily consenting to the above. I understand that I may revoke this authorization by contacting Jerry Purviance at (816) 810-7730 at any time for any reason.

Client Signature: _____ Date: _____

Student Observer Signature: _____ Date: _____

Counselor Signature: _____ Date: _____