



BOBBY JINDAL, Governor

Office of Juvenile Justice

MARY L. LIVERS, Ph.D., MSW, Deputy Secretary

Attachment D.15.3 (i)

CLINICAL SUPERVISOR OBSERVATION CONSENT FORM

I am aware that my child, _____, is being provided counseling services by _____ the Office of Juvenile Justice.

(counselor's name)

_____ is under the direct supervision of _____.

(counselor's name)

(supervisor's name)

I have been made aware that _____ wishes to observe

(supervisor's name)

_____ counseling session with my child. I understand that

(counselor's name)

_____ is bound by the same confidentiality policies that are adopted by all

(supervisor's name)

Professionals within the Office of Juvenile Justice. She is also to adhere to the NASW Social Work Code of Ethics or the Professional Counselor's Code of Ethics.

I give my consent for _____ to observe _____ counseling my child.

(supervisor's name)

(supervisor's name)

Signature of Legal Guardian

Date