

# METROPLEX COUNSELING

## A Center for Biblical Soul Care

209 N. Industrial Blvd.  
Ft. Worth, TX 76126

817-584-3361  
www.metroplexcounseling.com

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### **PRACTICUM CONSENT FORM**

Your counselor is a student working towards his or her graduate degree in counseling. As part of the requirements of the degree program, he or she must engage in face to face counseling. Your counselor is under the close supervision of a licensed professional, and will be seeking guidance from him/her as it regards your case. The supervisor under which your counselor is working is listed below. Additionally, the president of Metroplex Counseling has been listed should you deem it necessary to confer with him as well.

#### **Director Contact Information:**

**Name:** Steve Clay, M.A., L.P.C.

**Phone:** 817-584-3361

**Email:** steve@metroplexcounseling.com

#### **President Contact Information**

**Name:** Jeremy Lelek, M.A. Ph.D. Candidate, L.P.C.

**Phone:** 817-584-3361

**Email:** Jeremy@christiancounseling.com

By signing this document, you acknowledge that you have been informed of the practicum student status of your counselor. You also agree to allow your counselor to confer with his/her supervisor and director regarding your case for the purposes of professional training. Should you have any questions or concerns regarding this issue, please promptly bring this to your counselor's attention. We are here to serve you!

Client/Guardian

Signature: \_\_\_\_\_

Printed

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor

Signature: \_\_\_\_\_

Printed

Name: \_\_\_\_\_ Date: \_\_\_\_\_