

**PERMISSION FOR OBSERVATION  
ADULT**

I, (*client*) \_\_\_\_\_ grant permission to Supervisors/selected Student Clinicians for observations of my therapy and/or testing. The observers will comply with the following rules and regulations.

1. The observers will understand that what they observe is confidential and they will refrain from discussing the nature and identification of all participants observed.
2. Supervisors have priority in the observation facility. Their primary purpose is to observe and guide students who are providing the services to the Clinic.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Permission is hereby granted for the above observations for the duration of the clients involvement with this Clinic.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Laura M. Piché, Director  
Speech and Hearing Clinic  
Department of Communicative  
Disorders and Sciences