

PERMISSION TO OBSERVE CHILD

I, _____ have requested permission from Dr. House/Supervisor to observe therapy and/or testing. I will comply with the following rules and regulations:

1. I understand that what I observe is CONFIDENTIAL and I will refrain from discussing the nature and identification of others that I observe, in addition to what I have been given to observe.
2. Supervisors must be given priority in the observation facility. Their primary purpose is to observe and guide students who are providing the services in the Clinic.
3. As there tends to be others in the observation area, I understand this is not a “social” area.
4. I will not invite friends or family to observe without the consent of Dr. House/Supervisor.
5. I will not encourage children to be present in the Observation area unless specifically requested by the Supervisor.
6. I will use earphones in my observations, unless specifically instructed by Dr. House/Supervisor.

The client I have requested permission to observe is _____.
(state relationship) _____.

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