

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Assessment:**

I consent:

* For an assessment for my child: yes ❏ no ❏
* For information to be discussed with school personnel: yes ❏ no ❏
* For information to be reviewed from my child’s cumulative file: yes ❏ no ❏
* For speech-language reports to be placed in the cumulative file: yes ❏ no ❏

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

 Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Intervention:**

I consent to intervention by a Speech-Language Pathologist, or where appropriate, a supervised Speech-Language Pathology Assistant.

As part of the intervention process, I consent:

* For information to be reviewed from the student’s cumulative file: yes ❏ no ❏
* For information to be discussed with school personnel: yes ❏ no ❏
* For speech-language reports to be placed in the cumulative file: yes ❏ no ❏

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

 Please Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Renewal: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Caregivers will observe and/or participate in the intervention sessions except under extenuating circumstances. \_\_\_\_\_\_\_\_\_\_\_

 Initials

**Consent for Pictures and Video:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to Sharon Evelyn of Chit Chat Kids, Speech & Language Services to take photographs and videos during the assessment and therapy process.

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

 Please Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Pictures and Video:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to Sharon Evelyn of Chit Chat Kids, Speech & Language Services to take photographs and videos during the assessment and therapy process. I consent to the photographs and/or video clips to be shared for the purpose of public and professional education.

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

 Please Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_