**STUDENT OBSERVATION CONSENT**

At Access Communication and Therapy, we are dedicated to the mission of improving communication for all those in need. As a result, we believe it is important to support the education of future professionals in the field and welcome observations by future speech/language pathologists. Of course, our clients and their families are our highest priority, and we would never allow an observation without permission. Please indicate below if you would allow a student to observe a session, in person or telepractice, or if you would prefer not to allow this. Please be assured that all students would be required to be vaccinated and to follow all our COVID-19 protocols. In addition, you would always be notified in advance if an observation is scheduled.

I give permission for my speech/language therapy session to be observed by a student:

­­­­­­­­­YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_