



Evaluation and Speech-Language Therapy Consent

I, _____ give my consent for my child,
_____ to receive ongoing speech/language
evaluation and therapy with *Childhood Speech & Language*.

I understand that the above authorization may be rescinded at any time when
presented in writing by myself to *Childhood Speech & Language*.

Signature _____ Date _____

Video Consent

I, _____ give my consent for my child,
_____ to receive be videotaped by *Childhood
Speech & Language*. I understand that the videotapes may be shown to other
speech/language Pathologists, physicians or teachers for the following purposes:

1. To study and improve the evaluation and treatment of my child.
2. To aid in the education and improvement of therapy skills in speech/language
pathologists.
3. To demonstrate the speech-language therapy process to parents.

I understand that every effort will be made to identify my child by his/her first name
only, but that it is possible that his/her last name may be associated with the
videotaping.

I understand that the above authorizations may be rescinded at any time when
presented in writing to Ryan J. Conley/*Childhood Speech & Language*.

Signature _____ Date _____