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Consent for Clinical Student Diagnostic and Treatment Services

Client name

Date of Birth

As part of the training of future professionals, clinical speech-language pathology students are required to complete practicum hours under the direct supervision of a certified speech-language pathologist.

_____ I **authorize** observation, evaluation and/or treatment services to be conducted by clinical practicum students under the direct supervision of a certified speech-language pathologist.

_____ I **decline** observation, evaluation and/or treatment services to be conducted by clinical practicum students under the direct supervision of a certified speech-language pathologist.

By signing, I understand that services provided by clinical practicum students are for training purposes and that the certified speech-language pathologist is responsible for all services provided.

Signature of parent/guardian

Date

Printed name of parent/guardian