

Authorization for Observation and Training

The UNCG Speech and Hearing Center is a teaching clinic in the Department of Communication Sciences and Disorders. Because of that purpose, clients of the Center are seen by students in Communication Sciences and Disorders, under the supervision of a member of the faculty. All faculty who are supervising clinical work in the Center are duly licensed in North Carolina and all hold the Certificate of Clinical Competence of the American Speech-Hearing-Language Association in their respective areas. During the course of evaluation and treatment, audio and video recordings and written records may be used, from time to time, by the faculty at UNCG, Department of Communication Sciences and Disorders, for instructional purposes, including regularly scheduled classes in Communication Sciences and Disorders, university distance learning courses, special professional seminars instructed by faculty members, and continuing education programs for professional persons.

I have read the statement above and hereby give my permission for _____
 to be seen at the UNCG Speech and Hearing Center under the conditions outlined above.

 (Print Client Name)

 (Signature)

 (Date)

Relationship to client: _____

This authorization will be in effect for one year from the date you sign. At any time, you have the right to revoke your authorization.

Authorization to be Observed by CSD Students

During the course of evaluation and therapy, CSD students will be observing as part of a pre-practicum requirement. Personnel from other agencies involved with your care may also be allowed to observe. Although we do not require that you permit observations, we encourage you to do so in order for us to provide learning opportunities for our students.

I have read the statement above and hereby grant permission for observation by **CSD students** under the conditions outlined above.

 (Print Client Name)

 (Signature)

 (Date)

Authorization to be Observed by Non-CSD Students

I have read the statement above and hereby grant permission for observation by the following under the conditions outlined above.

Name

Relationship or Agency

 (Print Client Name)

 (Signature)

 (Date)