INFORMED CONSENT

The Arkansas State University Speech and Hearing Center has two purposes: to train student speech-language pathologists, and to provide the best possible assessment and treatment services to clients and families enrolled in its programs. Because we train students, it is important for them to be able to observe assessment and treatment sessions by direct observations, by listening to audiotapes, and/or by watching videotapes of those sessions. These observations and tapes may be used as part of the assessment or treatment process, as teaching demonstrations to students and other professionals, or to collect and report data for research analysis.

CLIENT'S NAME: _____________________________________ FILE #:_______________________

INITIALS AND DATED NEEDED ON EACH LINE

CONSENT IS REQUESTED FOR:                     CONSENT GRANTED  CONSENT NOT GRANTED  DATE

ASSESSMENT
1. Assessment of speech, language, and/or hearing disorders
   ____________  ____________  ____________
2. Direct observation of assessment by students and their instructors
   ____________  ____________  ____________
3. Audiotaping/Videotaping for assessment purposes
   ____________  ____________  ____________
4. Audiotaping/Videotaping for indirect observation of assessment
   ____________  ____________  ____________
5. Audiotaping/Videotaping for workshop/professional demonstration of assessment
   ____________  ____________  ____________
6. Use of assessment data for statistical/research analysis
   ____________  ____________  ____________

TREATMENT
7. Treatment of speech, language, and/or hearing disorders
   ____________  ____________  ____________
8. Direct observation of treatment by students and their instructors
   ____________  ____________  ____________
9. Audiotaping/Videotaping for treatment purposes
   ____________  ____________  ____________
10. Audiotaping/Videotaping for indirect observation of treatment
    ____________  ____________  ____________
11. Audiotaping/Videotaping for workshop/professional demonstration of treatment
    ____________  ____________  ____________
12. Use of treatment data for statistical/research analysis
    ____________  ____________  ____________

Signature of person granting consent:_____________________________________________________
Name of person granting consent (please print):_____________________________________________
Relationship to client: __________self  __________parent/guardian/designee
Student Clinician Signature:_________________________ Date:______________________________

PF Revised: 11/1/12