

One of a Kind

T H E R A P Y TM
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Throughout the year we may periodically have different higher education programs reach out for Speech/OT/PT students observe sessions. The student observers are not conducting sessions. If you have any questions, please contact Lindsey Schaffel.

- I give permission for my child _____ to be included in supervised student observations. I understand that all HIPAA regulations will be followed and that all information will remain strictly confidential.
- I do not give permission for my child to be observed.

I understand that giving my consent for the student observations is voluntary and may be revoked at any time with written consent.

Parent/Guardian Name Printed

Date

Parent/Guardian Signature

Date