



Permission to Videotape and Photograph

Permission is granted for my child _____ to be videotaped and photographed by Children's Speech and Language Services of Springfield, LLC for these reasons:

- Pre-test and post-test observations by my child's SLP and other SLPs on staff at Children's Speech and Language Services of Springfield, LLC and Children's Speech and Language Services, Inc.
- For direct review and training with parent
- As feedback with my child directly as part of his/her therapy program
- As feedback with my child and other children as part of his/her pragmatic/social language skills training

Parent Signature

date

Signature Witness

date

Children's Speech and Language Services of Springfield, LLC

6354 Rolling Mill Place, Suite 103 ♦ Springfield, Virginia 22152
Phone: (703) 866-0344 ♦ Fax: (703) 866-0233 ♦ www.cslstherapy.com