



■ ■ ■ Arlene F. Rubin, M.A., CCC-SLP
Licensed Speech Language Pathologist
NJ License # YS000623

111 Galway Place • Teaneck, NJ 07666
201-837-8371 • Fax: 201-837-1668
Email: GTP1836@aol.com • goodtalkingpeople.com

Dear Parents:

Our office has relationships with many college and university programs in the New York Metropolitan area. We often have requests for students from the Speech Language Therapy Programs at these schools to observe speech language therapy sessions as part of their college requirements. At Good Talking People LLC, we believe in helping to promote the field and nurture future clinicians. Therefore we are asking if you would allow us to continue to offer this service by providing permission for one of these students to observe your child in therapy should the need arise.

Please read what follows carefully and sign at the bottom.

Client's Name: _____ Date of Birth: _____

I, _____ DO, DO NOT give permission to Good Talking People LLC to allow a student of Speech Language Pathology to observe my child in his/her therapy session. I understand that no identifying information will be given to the student and that this observation is part of an undergraduate/graduate program at an Accredited College or University.

I understand that at anytime I may reverse my decision and if so, will provide this in written form.

Signature of Parent/Guardian

Date

Print Name

Relationship to client