



Photo/Video Release Form

I _____ give consent to have my child _____

videotaped and/or photographed for the educational purposes of parent and/or professional support groups on topics of social language groups. These procedures may take place during consultation, assessment and therapy sessions. This information will be kept confidential and anonymous and not released without prior consent.

Thank you for your understanding. Please sign and date below to indicate your consent.

Parent/Guardian Signature

Date