OBSERVATION OF SESSIONS

Parent Observation

As a service to the families of my patients, I have installed video monitoring systems that will allow therapy rooms to be monitored remotely and simultaneously. They also provide the option for private audio (using headphones). The receivers are hand held and portable. **IT IS IMPERATIVE THAT YOU DO NOT LET SIBLINGS OR ANY OTHER CHILD UNDER THE AGE OF 16 HOLD THE MONITORS.** Please put the monitor on the reception desk when your child's session is over or if you otherwise leave the reception area and another parent is not taking it from you.

The audio/video reception is not perfect, but I felt it would be appreciated by those of you who are unable to sit in on sessions because you have other children attending with you or because your child works better with you out of the room. Please realize that these systems are sensitive to other wireless devices that might be in the area and at times may not be useful.

If you would like to borrow a small set of headphones, please ask; however, I recommend that you carry your own with you so that hygiene does not become an issue.

If you are uncomfortable publicly viewing/listening to your child's session, please use headphones and/or turn the video screen off. If you would like the therapy room camera turned completely off, please ask the therapist to turn the camera off during your child's session.

Student Observation

Also, as many of you know, I often have students studying speech/language pathology in college who come to observe therapy sessions as a part of their initial training. If you do not want your session observed, please do not hesitate to say so. Following is a checklist to inform us of your preferences:

1. It is O.K. to have the video observation camera turned on during my/my child's session.

YES_____NO_____

2. It is O.K. for college students training to be speech/language pathologists to observe my/my child's session. (You will always be notified when there is a student observer.)

YES_____NO_____

_____

Patient's Name

_____ _____

Signature of Patient/Parent Date