



**A Division of the Center for Rural Psychology**

P.O. Box 8071, Elburn IL 60119

T:630/365-0899 F:630/365-9150

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## **CONSENT TO DO CLASSROOM OBSERVATION**

I/We hereby give consent for \_\_\_\_\_ (the "Therapist"), to observe my/our child in his/her classroom setting. The observations and information gathered are to be used strictly in accord with accepted professional standards for psychologists and other mental health professionals. As with other professional client materials, the resulting records will be kept in a secured manner and destroyed as soon as they are no longer needed.

I/We acknowledge that any questions about the observation policy have been discussed with the Therapist and/or the Therapist's supervisor and that this consent is offered voluntarily.

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date