



INFORMED CONSENT: CHILD OBSERVATION

This form grants Rebecca L. Soffer, PsyD and Preschool Psychology the permission to observe my child _____ (*child's name*) born on _____ (*child's birthday*) in his or her daycare or school setting. I understand that the purpose of this form is to help assist in the proper assessment and treatment of my child, and will include conversations with my child's teachers and site directors about my child's progress and behavior. I further understand that my signature on this form is an acknowledgment of treatment by Rebecca L. Soffer and Preschool Psychology to a third party.

My attends school or daycare at _____.

The address is _____.

The best person to contact to schedule an observation is _____ (*teacher or school representative*).

S/he can be reached at _____ (*phone or email*).

My signature below indicates I have read and understand this consent form, and that I voluntarily allow my child to be observed in his/her daycare setting or preschool setting. The purpose of this observation has been explained and I have had my questions answered prior to signing this informed consent.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date