



THE CENTER FOR
COGNITIVE THERAPY

**Psychoeducational Assessment
Consent for Audio Recording**

Our goal during a psychoeducational assessment is to ensure precision and accuracy in our data collection. Occasionally, measures we use require the scoring of specific pronunciations and/or lengthier word lists or story-telling that can be more easily reviewed using an audio recording.

Should audio recordings be used during this psychoeducational assessment, neither your child's name nor any other identifying information will be associated with any audio recordings. The assessment provider will have sole access to the recordings. The audio files will be erased once the information is reviewed for accuracy and scored appropriately.

By signing this form, I am allowing the assessment provider to audio record during my child's assessment sessions.

Print - Name of Client

Date

Signature of Client or Parent/Guardian if client under 18

Date