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## Parent Permission for Student Observations of Their Child during Therapy

SPOT Therapy Associates is a teaching facility. We are often approached by students seeking to observe, volunteer, or "job shadow" to learn more about our therapy services.

All students and volunteers will adhere to all HIPPA and privacy policies established by SPOT Therapy Associates.

I understand students may be observing and participating in training activities with my child while under direct supervision of a licensed therapist.

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Authorization/ Date