



**LUCIA REARDON**  
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## **Lucia Reardon Speech Pathology/ FIT (Flexible Interactive Thinking)**

### **Parent/Guardian Consent For Use of Reproducible Image**

I agree to allow photographs or videotapes to be taken of my child, \_\_\_\_\_ for (check all that apply) :

\_\_\_ The purpose of developing computer-based instructional programs for use by Lucia Reardon Speech Pathology.

\_\_\_ The purpose of anonymously including such images within:

\_\_\_ Lucia Reardon Speech Pathology/FIT (Flexible Interactive Thinking) groups

\_\_\_ Presentations to Parents (of other children at FIT or Lucia Reardon Speech Pathology or those considering the program for their child)

\_\_\_ Presentations to Other Providers (including, but not limited to, physicians, school personnel, related service or support agencies)

\_\_\_ Presentations to Professional Audiences (including, but not limited to, local, regional, or national conferences)

\_\_\_ For use on WEBSITE [luciareardon.com](http://luciareardon.com)

I understand that I have the right at any time to make inquiries concerning the procedures and to withdraw or modify, in writing, consent for my child's inclusion in videotapes or photographs.

\_\_\_\_\_

Parent/Guardian Signature Date

Separate authorization is not required for each use of an image.