



### Audio Recording Consent Form

This form provides consent for Learning with Jenn (“LWJ”) providers to audio record. All audio recordings will be used to collect language sample data which will then be transferred into a written document. Following completion of the language sample transcript, audio recording will then be discarded.

I, \_\_\_\_\_ (caregiver legal name) provide consent for LWJ providers to audio record my child \_\_\_\_\_ (first and last name).

#### Statement of Consent:

I acknowledge that I have read and understood this form in its entirety and have been provided an opportunity to have any questions answered.

Date: \_\_\_\_\_

Caregivers Printed Name: \_\_\_\_\_

Caregivers Signature: \_\_\_\_\_