

## SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION WORKSHEET

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This information should be obtained **by the SLPA student** and submitted to:  
**Nancy Thul: nancyt@alextech.edu**

### School Settings

Administrator's Name and Title: \_\_\_\_\_

Name of School: \_\_\_\_\_

ISD #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of person who will sign the Agreement (if different from above): \_\_\_\_\_

Email Address (if different from above): \_\_\_\_\_

Phone #: (if different from above): \_\_\_\_\_

### Non-School Settings

Business Manager or Human Resources Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of person who will sign the Agreement (if different from above): \_\_\_\_\_

Email Address (if different from above): \_\_\_\_\_

Phone #: (if different from above): \_\_\_\_\_

### Supervising Speech-Language Pathologist *\*All fields below are required\**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**To ensure the ATCC Business Office has accurate information for the facility and SLP, it is required to submit a signed W-9, which can be faxed to 320-762-4502. Please notify the facility, that they will receive an email from Jagger DocuSign when their contract is ready to be e-signed. SLP's cannot be paid unless the facility has signed the contract.**