

SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION WORKSHEET

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**

This information should be for the Supervising Speech-Language Pathologist that is receiving the stipend, not the facility or school.

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 Adobe Sign when their contract is ready to be e-signed. SLP's cannot be paid unless the facility has signed the contract.