



**LARAMIE COUNTY
COMMUNITY COLLEGE**
SLPA Program

**Program Application
Observations**

Completion of 2 hours of observation with an American Speech Language & Hearing Association (ASHA) certified speech language pathologist prior to the application deadline. An observation form must be completed, signed by the speech language pathologist observed along with his/her ASHA certification #, and submitted to the Program Director along with the application.

Date	Site	Speech Language Pathologist Signature	ASHA #	Time (hour)

SLPA Program Applicant Signature: _____

Perspective SLPA Student Confidentiality Statement for Classroom or Treatment Observations

The federal Families Education Rights and Privacy Act (FERPA), the federal Health Insurance Portability and Accountability Act (HIPAA), and their respective regulations protect the confidentiality of medical, educational, and personal information of students. Such information may not be disclosed except as authorized by law or as authorized by student's parent/legal guardian. These privacy laws and regulations apply to all persons, including all persons conducting observations in educational settings. All observers are required to agree to and sign this confidentiality statement.

I understand that, as an observer, I may see, hear, or be exposed to confidential information about students, such as medical information, information about a student's disability, educational performance, and educational services received, or other educationally related information about a student.

I acknowledge that it is my responsibility to respect the privacy and confidentiality of this information. I will not access, use, or disclose any confidential information outside of my observation.

I understand that if I breach any provision of this Agreement, I may be subject to civil or criminal liability.

SLPA Student's Name (Please Print)

SLPA Student's Signature

Date