



**Chemeketa Community College
Speech Language Pathology Assistant Program**

Students in the Speech-Language Pathology Assistant program require interaction opportunities with children in order to practice skills such as observation, teaching in a therapy setting, and generally honing skills in the area of speech and language therapy. While your child may or may not have a disability in this area, it is still extremely useful for students to have opportunities to interact with children of various ages and skill abilities.

For this particular activity, students will be assigned a lesson plan in the area(s) of speech, fluency, voice or language (teaching opposites, teaching sequencing of thoughts, colors, story retelling skills, locating the main characters and ideas etc). The student and the child will be videotaped while this lesson plan is being implemented by the student.

The videotape will be used in the following ways within the SLPA program:

- (1) The student will do a self-assessment on their implementation skills and abilities in language therapy.
- (2) The videotape sample will be viewed by other students in the SLPA program for feedback and demonstration purposes.
- (3)The videotape sample could be used in other classes within the SLPA program in other analysis exercises.

This videotape sample will remain the property of the SLPA program and will not be distributed for other purposes without your written permission.

By signature below, I give my consent to allow my child, named below, to participate in this activity and provide Chemeketa Community College the permission to:

1. Audio/Videotape my child's likeness for the purposes of the Speech Language Pathology program related educational purposes.
2. Edit as needed for educational purposes.
3. Retain and utilize the Audio/Videotape for Chemeketa Community College educational purposes in the future including for demonstration in SLPA program coursework and/or course websites.

Minor Child's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

SLPA Program Student Name: _____