**Declaration**

 of a teaching assistant to students with special needs

Name and surname:…………………...………………………………………………………....

Faculty: ……………….…………………………………………………………………………

Field of study ……..…………………………………………………………………………….

Education level (first degree studies, second degree studies) ……………………………….....

Mode of studies (full-time, part-time)……………...……………………………………………

Student ID No. ……….………………………………………………………………………....

Year of studies ………………………………………………………………………………….

Address for correspondence including the postal code: ………………………………………………………………………….……………………….

Phone number: ………………………………………………………………………………….

E-mail address: …………..……………………………………………………………………..

I, the undersigned, declare that I undertake to provide the services of a Teaching Assistant to Students with Special Needs for student:

Name and surname:……………………………………………………………………………..

Faculty: ……………….…………………………………………………………………………

Field of study: ………..…………………………………………………………………………

Education level (first degree studies, second degree studies) ……………………………….....

Mode of studies (full-time, part-time)……………...……………………………………………

Year of studies ………………………………………………………………………………….

I declare that my health condition allows me to perform the tasks entrusted to me as part of the teaching assistance provided for a student with special needs and that I will keep the confidentiality in relation to the tasks performed for the above-mentioned student. I declare that I have read the Vistula University principles set out in the Regulations on creating conditions for full participation in the education process of persons with special needs at Vistula University

Warsaw, date………….……………….. Signature…………………………………………….