

**First & Last Name:** \_\_\_\_\_

**Please complete the following questions and submit to [info@pedspchthpy.com](mailto:info@pedspchthpy.com) once complete. If interested in summer opportunities, please submit by January of that year to be considered.**

- 1. Are you interested in interning as a graduate student or observing/volunteering? Occupational therapy or speech therapy?**
- 2. What dates are you interested? (e.g. provide details on beginning/end date, how many times weekly, and how many hours required)**
- 3. Please provide at least one paragraph to show your interest in pursuing this opportunity at our clinic and why you should be considered.**