



First & Last Name: _____

Please complete the following questions and submit to info@pedspchthpy.com once complete. If interested in summer opportunities, please submit by March of that year to be considered.

Please check:

- High School Student. Graduation Year: _____
- Graduate Student. School: _____

1. Are you interested in interning as a graduate student or observing/volunteering?

2. What dates are you interested? (e.g. provide details on beginning/end date, how many times weekly, and how many hours required)

3. Do you need the hours to be signed-off by a Speech Pathologist?

4. Please provide at least one paragraph to show your interest in pursuing this opportunity at our clinic and why you should be considered.