

## Observation/Visitor Request Form

Please complete this form and send to Sarah Kaupp ([sarah.kaupp@cchmc.org](mailto:sarah.kaupp@cchmc.org))

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School/University/Workplace: \_\_\_\_\_

Contact Supervisor/Professor: \_\_\_\_\_

Observation Required for School/Program: YES NO

Special Area(s) of interest: \_\_\_\_\_

Feeding/Swallowing  
Speech/Language  
Voice  
Fluency

Autism  
Reading/Literacy  
Hearing Loss/Cochlear Implants  
Brain Injury

Resonance/VPI  
Augmentative Communication

**Have you, or anyone you have been in contact with, been outside of the United States in the last three months:** NO YES (if yes, where: \_\_\_\_\_)

**CHOOSE 2-3 LOCATIONS, number in order of preference** (location maps via link below):

<http://www.cincinnatichildrens.org/patients/visit/directions/maps/default/>

Base (Main Campus)	Anderson
Eastgate	Fairfield
Green Township	Kentucky
Liberty	Mason

We offer a ONE TIME, 4 hour observation block per semester/quarter.

- Include **multiple dates and time blocks** (i.e. Oct 3-Oct 15, M-W, 8am-5pm).
- Include dates that are **LESS THAN 4 weeks** out

**AVAILABLE DATE(S)**

**AVAILABLE BLOCKS OF TIME** (note: 12pm appts not available)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Student Volunteer Program

The Division of Speech-Language Pathology also offers a Student Volunteer Program that helps support our staff while providing students the educational opportunity to observe clinical activities and functions of a speech pathology department. If interested, email Sarah Kaupp at [sarah.kaupp@cchmc.org](mailto:sarah.kaupp@cchmc.org) or call 513-636-4341

For information regarding Speech Pathology at Cincinnati Children's, go to [www.cchmc.org/speech](http://www.cchmc.org/speech).