



Division of Speech Pathology
Phone: (513) 636-4341 Fax: (513) 636-8407
www.cincinnatichildrens.org/speech

Student Observation Request

Student's Name: _____

Student's email: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

University: _____ University Fax: _____

Observation Required for a Class: Yes _____ No _____

University Contact or Professor: _____

Contact/Professor Phone: _____ Contact/Professor email: _____

Preferred Observation: Evaluation _____ Treatment _____

Preferred Location:

<input type="checkbox"/> Base (Main Campus)	<input type="checkbox"/> Outpatient Fairfield
<input type="checkbox"/> Outpatient Anderson	<input type="checkbox"/> Outpatient Harrison
<input type="checkbox"/> College Hill	<input type="checkbox"/> Outpatient Kentucky
<input type="checkbox"/> Outpatient Drake	<input type="checkbox"/> Liberty Township
<input type="checkbox"/> Outpatient Eastgate	<input type="checkbox"/> Outpatient Mason

Special Interests: _____ -- _____

Date(s) Requested

Preferred Times

Are you interested in our Student Volunteer Program? Yes _____ No _____

Please call the Volunteer Office at **513-636-4396** and request placement in Speech Pathology.

For information regarding the Division of Speech Pathology at Cincinnati Children's, go to the following website: www.cincinnatichildrens.org/speech.

Please fax this to: Kim Fulmer, 513-636-3978 or email it to kim.fulmer@cchmc.org.