

Please complete this form and send to Cathy Bamberger fax (513-803-2218) or
e-mail (cathy.bamberger@cchmc.org)

Student Observation Request

Name: _____ E-mail: _____

Home Phone: (____) ____ - ____ University/School (if applicable): _____

Contact/Professor: _____ Observation Required for a Class: Yes ____ No ____

Special Interests: _____

Have you or anyone you've been in contact with been outside the US in the last three months:

No ____ Yes ____ (if Yes, where _____)

IMPORTANT: DO NOT attend the observation if you feel symptoms of illness on the day of your observation. Instead, call to reschedule. Symptoms could include but are not limited to: a cough, cold, runny nose, fever, nausea, vomiting and diarrhea.

CHOOSE 2-3 LOCATIONS, number in order of preference (View actual locations via link below):

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

<input type="checkbox"/> Base (Main Campus)	<input type="checkbox"/> Anderson (<i>has Saturday appts</i>)
<input type="checkbox"/> Eastgate	<input type="checkbox"/> Fairfield
<input type="checkbox"/> Green Township	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Liberty (<i>has Saturday appts</i>)	<input type="checkbox"/> Mason

- We offer a ONE TIME 4 hour maximum 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

Speech 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, call **Cathy Bamberger at 513-803-2218** for more information.

For information regarding Speech Pathology at Cincinnati Children's, go to www.cchmc.org/speech.