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/

___ Base (Main Campus) ___ Anderson (has Saturday appts)
___ Eastgate ___ Fairfield
___ Green Township ___ Kentucky
___ Liberty (has Saturday appts) ___ 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.