



Student Intake Information

First Name		Last Name		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Days Available			Times Available		

SELECT A STUDENT OUTREACH PROGRAM BELOW

<input type="checkbox"/>	SLP Student Externship
<input type="checkbox"/>	OT Student Placement: ____ Level 1 ____ Level 2
<input type="checkbox"/>	OTA Student Placement: ____ Level 1 ____ Level 2
<input type="checkbox"/>	PT Student Placement

*If you want to be considered for a **shadowing experience**, how many days are you interested in participating? _____

*Which discipline are you interested in?: ____ OT ____ PT ____ ST ____ ABA

Extended Job Shadowing	Start Date:	End Date:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have First Aid/CPR training?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How did you hear about this Program?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Referred by?	

EDUCATION

High School	
UnderGrad	
Graduate	

ADDITIONAL INFORMATION REQUIRED

Emergency Contact (at least 1)

Full Name		Relationship	
Company		Phone	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I have received and reviewed the Speech Tactics Confidentiality Agreement and HIPAA Policy. I understand that false or misleading information in my application may result in immediate discharge from the program. I understand that all students are required to participate in a brief orientation before starting.

Signature:

Date: