



Student Observation Request Form

Thank you for your interest in Pediatric Therapy Services Physical, Occupational and Speech-Language Disciplines. We are excited to be able to share some of our experiences with you. Please complete this form in its entirety to be considered for observation hours.

In order to be considered for observation hours all your immunizations will need to be current. Please include documentation of your immunizations with this form. (Meningitis Series, proof of TB and flu shot within the last year are mandatory.)

Once we receive these completed forms and you are approved for observation, we will follow-up with you to schedule a HIPAA training session, which must be completed prior to your observation experience. We will then, match you with the appropriate therapist in our clinic.

Observation will be limited to 1-2 visits unless otherwise agreed upon.

Expectations for observers are as follows:

- Observers must be 18 years or older or in their senior year of high school
- Observers must dress professionally when shadowing a therapist. No jeans, open toed shoes, tank tops or in-appropriate clothing will be allowed.
- Observers must arrive on time.
- Observers must respect the patient and their family by introducing themselves.
- Observers should thank the patient and family for allowing them to observe the treatment session.

1. Name

2. Date of Birth: Please enter it using this format: MM/DD/YYYY

3. Email

4. Phone Number

5. Please select the top two areas of practice you would like to observe

- Physical Therapy
- Occupational Therapy
- Speech- Language Therapy

6. Current Status

- Undergraduate Student
- Physical Therapy Student
- Occupational Student
- Speech –Language Student

7. Current School

Please indicate your availability, number of hours requested and preferred time for completion of your observation.

Please indicate your location choice.

- Brandon
- Lakeland

I agree to the expectations and requirements outlined above, and state that the information shared in this application is to the best of my knowledge.

Signature

Date