



Speech Pathology Group & Rehab Services of GT

Thank you for showing interest in gaining observation hours at our clinic(s). Please fill out the information below. Once submitted, our staff will review and determine if our clinic is the right fit for you, as well as if we have open availability for your requested timeline.

Contact information

Name: (First) _____ (Last) _____

Email: _____

Phone: _____

School information

School Name: _____

Program: _____

Advisor name, phone number, & email: _____

Hours needed: _____

Days and Times available: _____

Time period needed by: _____

Desired Location for observation (Shelton or Southbury): _____

Any additional information that you feel would be helpful to us: _____
