



LIONHEART

A C A D E M Y

O F T H E T R I A D

Student Internship/Observation Request Form

Please complete this form and e-mail it to info@lionheartacademy.com

Name	
Date of Birth	
School Information	
	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate List major: University:
Discipline (check all that apply)	<input type="checkbox"/> Education <input type="checkbox"/> Recreation <input type="checkbox"/> SLP <input type="checkbox"/> Autism/Behavior
Requirements (Check all that apply)	<input type="checkbox"/> Clinical Externship Rotation (SLP) <input type="checkbox"/> Internship required for a class <input type="checkbox"/> Internship required to complete observation hours <input type="checkbox"/> Internship for scholarship requirements <input type="checkbox"/> Volunteer hours for school/program <input type="checkbox"/> Resume building <input type="checkbox"/> Learning more about the fields to determine potential interest
Hours	Number of Hours Required for Internship/Externship: Direct: _____ Total: _____ Number of Observation hours (direct) needed: _____ Number of volunteer hours needed: _____ Must all hours be onsite? Yes No
Scheduling	I am available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Hours of availability: Semester Begins: _____ Ends: _____ Months Available: _____
Additional Information	