

**Student Observation Hours**

 **Request Form**

**Name:**

**Please answer the following questions:**

1. *Why are you interested in observing at Early Intervention Associates?*

2. *Where do you attend school? What year are you in your schooling?*

3. *Have you visited other physical therapy clinics/facilities? If yes, please briefly explain your experience.*

*4. Will you need to document your observation hours? Please bring your forms.*

*5. What dates/time do you have availability to observe?*

*6. Are you knowledgeable about HIPAA* (Health Insurance Portability and Accountability Act)?

7. *Please provide the best phone number and email to reach you.*

**Please email responses to:** **apetak@eiapt.com** **to set up a date for observation**