



CHILD & FAMILY  
DEVELOPMENT

## JOB SHADOW OPPORTUNITIES

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Current Level of Education: \_\_\_\_\_

Are you currently enrolled in a college program? If yes, which school and grade?

\_\_\_\_\_

Have you applied to a graduate program for PT, OT, SLP or special education program?

\_\_\_\_\_

Have you completed job shadowing in any other therapy or education settings?  
Please explain.

\_\_\_\_\_

Do you have a specific interest in working in a pediatric setting as a professional in the future ?

\_\_\_\_\_

Please return form to:  
Tammy Sweeney, Volunteer and Community Outreach Coordinator  
tammy.sweeney@joya.org  
Phone (509) 326-1651 x2221 | Fax (509) 326-1658

1016 N. Superior St. Spokane 99202 | joya.org