**URI EARLY INTERVENTION**

**INTERN CONTACT SHEET**

Name: Click here to enter text. Date: Click here to enter a date.

Home Address: Click here to enter text.

Do you live at this address, or somewhere else? (on campus, etc)

Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Emergency Contact: Click here to enter text. Phone: Click here to enter text.

Relation: Click here to enter text.

Major: Click here to enter text. College/University: Click here to enter text.

Class Standing and Expected Graduation Date: Choose an item.

What type of internship opportunity are you looking for? (special education, physical therapy, occupational therapy, speech/language, nursing, nutrition, kinesiology, etc.)

Click here to enter text.

When do you hope to participate in an internship? Choose an item.

Do you know your hours of availability for that semester? If so, what are they?
Click here to enter text.

How/do you plan to acquire credit for your internship? (HDF 480/481, Office of Internships, etc.)

 Click here to enter text.

Geographically, where would you like to conduct your internship? (Northern RI, Central RI,

South County, etc.)

 Click here to enter text.

How did you hear about this opportunity?

 Click here to enter text.

Please list some courses that you’ve taken that you believe have prepared you for this internship:

Click here to enter text.

Do you have an academic advisor or professor who is supervising your work in this internship? Provide Name, email, and phone number below:

Click here to enter text.