



Niagara Therapy, LLC

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Erie, PA 16505

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Name:

DOB:

Phone:

Email:

Address:

City/State/Zip:

Number of hours requesting:

Times available:

Reason for observation/volunteering:

Personal goals for observation and what population you want to observe:

Please write a 500 word essay detailing the following:

- Why you have an interest in the chosen profession in which you are shadowing
- How that profession relates to other therapy professions (OT/PT/SLP)
- What personality traits you possess that would make you ideal for your chosen profession
- What you hope to learn during your shadowing experience