

CASTLE

Center for Acquisition of Spoken language Through Listening Enrichment

A Children's Hearing Intervention Program (CHIP)



Application for Internship

Name: _____
Address: _____

Phone Number: _____
Email: _____

Organization / School System:

Address: _____
(for your work location)

Phone Number: _____

Please check the category that best describes you.

_____ Teacher of the Hearing Impaired
_____ Speech-Language Pathologist
_____ Audiologist
_____ Teacher of Special Education
_____ Other: _____

Please indicate with a check the internship length for which you are applying.

_____ 1 week
_____ 2 weeks
_____ 3 days
_____ 1 day
_____ Other: _____

Please check the category that best describes your education.

_____ Audiology
_____ Education of the Hearing Impaired
_____ Speech-Language Pathology
_____ Other

Please place a check by your highest degree.

_____ Bachelors degree
_____ Masters degree
_____ Doctorate degree
_____ Other: _____

Please list your work experience indicating the number of years you have worked with children who are deaf or hard of hearing

Please indicate below which of the Auditory-Verbal International, Inc. Standardized Curriculum Modules offered by the NC Auditory Learning Center or University of North Carolina you have attended and the date(s).

<input type="checkbox"/> History, Philosophy, and Professional Practices
<input type="checkbox"/> Hearing and Audiology
<input type="checkbox"/> Dev. Of Auditory Function/AV Techniques
<input type="checkbox"/> Child Development
<input type="checkbox"/> Parent Guidance

<input type="checkbox"/> Spoken Language
<input type="checkbox"/> Cochlear Implantation
<input type="checkbox"/> Carolina Summer Institute in AVT: _____ (year)
<input type="checkbox"/> Other: _____ _____

Describe your previous training in teaching children who are deaf or hard of hearing spoken language primarily through listening.

Please place a check beside each of the following books you have read.

- Educational Audiology for the Limited-Hearing Infant and Preschool, 3rd Edition* (1997) edited by Doreen Pollack
- Auditory-Verbal Therapy* (1994) edited by Warren Estabrooks
- Foundations of Spoken Language for Hearing-Impaired Children* (1989) by Daniel Ling
- Cochlear Implants for Kids* (1998) edited by Warren Estabrooks
- We CAN Hear and Speak!* (1998) by Carol Flexer and Catherine Richards
- Speech and the Hearing Impaired Child: Theory and Practice* (1976) by Daniel Ling
- The Volta Review* Beginning With Babies, November 1993, vol 95, # 5
- The Volta Review* An Auditory-Verbal Tutorial, Summer 1993, vol 95 # 3
- Other: _____

Please tell us why you are interested in participating in a spoken language internship with the CASTLE. If you need more space, please attach another sheet.

Please tell us what you plan to do with the skills you may attain / develop during an internship with the CASTLE. If you need more space, please attach another sheet.

Please help us plan for your internship by telling us specifically in what area(s) you would like to focus your CASTLE Internship experience.

Please indicate the number of students who are deaf or hard of hearing on your current caseload and the educational approach for each (Auditory-Verbal, Cued Speech, Auditory-Oral, Total Communication, or American Sign Language. _____

Please indicate your optimal dates for an internship. We cannot promise availability; we will do our best.

Fees: \$500/week

Payment for a one-week internship will be made by _____

If this Application for Internship is accepted and I make follow-up arrangements to complete an internship at CASTLE, I agree that I will participate fully by completing the follow-up requirements. (See the Internship Process Description #6.

Signature

Date

Send this completed and signed application to
CASTLE
5501 Fortunes Ridge Drive
Suite A
Durham, NC 27713

Or Fax it to
919-419-1288
Phone: 919-419-1428