



The Independent Speech Pathology Network 'aka'  
 The Independent Therapists Network  
*"Opening Lines of Communication"*  
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## Therapist Questionnaire 2008/2009

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Current School Location: \_\_\_\_\_

Would you like to return: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give a brief description of the location and type of work:

\_\_\_\_\_  
 \_\_\_\_\_

Please indicate what your available scheduled for next year:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Are you looking for summer work: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give a brief description of the location and type of work:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_