

**ST. LAWRENCE NYSARC**

**Nexus Program for Children and Youth with Autism Spectrum Disorder**

**Application for SUNY Potsdam Intern**

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

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Major: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Psychology Courses taken to date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Courses taken pertinent to working with individuals with disabilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work or Volunteer experiences pertinent to interning in the Nexus Program:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any education or training related to Applied Behavior Analysis or Autism Spectrum Disorder?

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\* Work Schedule Preference:

Monday and Wednesday (6-10 year old group): \_\_\_\_\_

Tuesday and Thursday (11-19 year old group): \_\_\_\_\_

Monday, Tuesday, Wednesday, Thursday: \_\_\_\_\_

\* Will attempt to accommodate interns but schedule may be assigned based on program needs.

Can you commit to a two semester internship?             Y             N

Can you commit to arriving at program site by 2:45 p.m.?             Y             N

Can you commit to working at program site until 5:15 p.m.?             Y             N

Can you commit to working at 6:00 p.m. one day per month for parent consult?             Y             N

Please return completed Application no later than May 15<sup>th</sup> to the Experiential Education Office in 110 Sisson Hall. Or you may fill this application out via Word Document\*\* and submit through email attachment to Patricia Gilmer at [gilmerpa@potdam.edu](mailto:gilmerpa@potdam.edu). If you have any additional questions please call 315-267-2702.

\*\* Please enter Nexus Internship Application in the subject line\*\*