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Lowndes County Board/Agency Appointee Information Sheet - Submission #102

Date Submitted: 4/12/2022

Date:

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Board/Agency Applying For:

LOWNDES COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES BOARD

Last Name

Orenstein

First Name

Lynn

Street Address

City/State/Zip

31605

Phone Number

Email Address

Occupation

Speech-Language Pathologist

Professional Experience

Speech-Language Pathologist (27years): I work directly with students/patients, families, and professionals within our community to diagnose, treat and promote positive outcomes for those with speech, language, swallowing, and communication needs.

Knowledge & Skills

I possess the knowledge and understanding of being an effective communicator, working as part of a team, interacting with others, and being an active listener. I have had the privilege to work with a diverse group of children and families that has afforded me the opportunity to see and appreciate life from varying perspectives.

What knowledge or skills do you possess that would contribute to the Board/Agency to which you are requesting to be appointed?

Please list the Board/Agency that you have been or are currently a member of:

N/A