PERSONAL DATA SHEET

This form is completed by the student and is sent to the student's fieldwork educator prior to the start of the fieldwork experience.

PERSONAL DATA SHEET FOR STUDENT FIELDWORK EXPERIENCE

Name	Name Permanent Home Address				
Perm					
Phone	e number and dates that you will be available at that number				
Phone	Phone Number Dates				
Name	e, address, and phone number of person to be notified in case of accident or illness:				
EDU	CATION INFORMATION				
1.	Expected degree (circle one)				
	OTA: Associate Baccalaureate Masters Doctorate Certificate				
	OT: Baccalaureate Masters Doctorate Certificate				
2.	Anticipated year of graduation				
3.	Prior degrees obtained				
4.	Foreign languages read spoken				
5.	Do you hold a current CPR certification card? Yes No Date of expiration				
HEA	LTH INFORMATION				
1.	Are you currently covered under any health insurance? Yes No				
2. If yes, name of company					
	Group # Subscriber #				
3.	Date of last Tine Test or chest x-ray:				

•	Strengths:					
•	Areas of growth:					
	Special skills or interests:					
•	Describe your preferred learning style:					
•	Describe your preferred style of supervision:					
	Will you need housing during your affiliation? Yes No					
	Will you have your own transportation during your affiliation? Yes No					
	<i>(Optional)</i> Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes No If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them. To promote your successful accommodation, it should be discussed and documented before each fieldwork experience.					

FIELDWORK EXPERIENCE SCHEDULE

CENTER	TYPE OF FW SETTING	LENGTH OF FW EXPERIENCE

ADDITIONAL COMMENTS