

PERSONAL DATA SHEET

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

PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name

Permanent Home Address

Phone number and dates that you will be available at that number:

Phone Number

Level I

Level II

Name, address, and phone number of person to be notified in case of accident or illness:

EDUCATION 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

HEALTH 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:
(*If positive for TB, tine test is not given*)

PREVIOUS WORK/VOLUNTEER EXPERIENCE

Over . . .

PERSONAL PROFILE

1. Strengths:

2. Areas of growth:

3. Special skills or interests:

4. Describe your preferred learning style:

5. Describe your preferred style of supervision:

6. Will you need housing during your affiliation? Yes No
7. Will you have your own transportation during your affiliation? Yes No
8. *(Optional)* 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
Level I Exp.			
Level II Exp.			

ADDITIONAL COMMENTS