## PERSONAL DATA SHEET FOR STUDENT FIELDWORK EXPERIENCE

## **PERSONAL INFORMATION** Name \_\_\_\_\_ Permanent Home Address \_\_\_\_\_ Phone Number Email Name, address, and phone number of person to be notified in case of accident or illness: **EDUCATION INFORMATION** Expected degree (circle one) Associated Baccalaureate Certificate Masters Doctorate 2. Anticipated year of graduation 3. Prior degrees obtained 4. Foreign languages read spoken CPR certification card date of expiration 5. **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 (TB) Test:

## PREVIOUS WORK/VOLUNTEER EXPERIENCE

(Attach on separate page)

## **PERSONAL PROFILE** Strengths: Special skills or interests: Describe your preferred learning style: Describe your preferred style of supervision: Will you have your own transportation during your affiliation? Yes \_\_\_\_\_ No \_\_\_\_ (Optional) Are there any disability-related challenges that will impact your ability to complete fieldwork? FIELDWORK EXPERIENCE SCHEDULE CENTER NAME AND CITY TYPE OF FW LENGTH OF **EXPERIENCE** FW **EXPERIENCE** (peds-school, peds-hospital, (40 hours adult phys dis, Level I or psych) 12 weeks) Level II **CENTER NAME AND CITY** ADDITIONAL COMMENTS

Date

Student Signature