

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 EXPERIENCE (peds-school, peds-hospital, adult phys dis, psych)	LENGTH OF FW EXPERIENCE (40 hours or 12 weeks)
Level I			
Level II	CENTER NAME AND CITY		

ADDITIONAL COMMENTS

Student Signature

Date