

PERSONAL DATA SHEET FOR LEVEL II FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name	Birth date	Sex
Permanent home address		
	Phone #	
Address during OT 640 Fieldwork (SUMMER)	Address during OT 641 Fieldwork (FALL)	
Phone #	Phone #	
Name, address, and phone number of person to be notified in case of accident of illness:		
	Phone #	

EDUCATION INFORMATION

1. Current academic year:	Senior	Graduate
2. Previous colleges or universities attended:		
	Degree	
	Degree	
3. Foreign languages read:		Spoken:
4. Do you hold a current CPR certification card?		Yes
Date of expiration		No

PERSONAL PROFILE

1. Special skills and interests		
2. Strengths		
3. Describe your preferred learning style		

4. Describe your preferred style of supervision		

5. Will you need housing during your affiliation	Yes	No
6. Available transportation ?	Yes	No

7. Are any special considerations needed to be made for you to participate in this fieldwork experience?	Yes	No
If yes, please explain:		

CURRENT AND PREVIOUS WORK EXPERIENCE List from most recent to least recent		
NAME OF EMPLOYER	DATES OF EMPLOYMENT	POSITION HELD

FIELDWORK EXPERIENCE SCHEDULE			
	CENTER	TYPE OF FW EXPERIENCE	LENGTH OF FW EXPERIENCE
LEVEL I EXPERIENCE			

FIELDWORK EXPERIENCE SCHEDULE			
	CENTER	TYPE OF FW EXPERIENCE	LENGTH OF FW EXPERIENCE
LEVEL II EXPERIENCE			

PLANNED THESIS RESEARCH TOPIC: Provide a brief description of the research planned for completion of the thesis

ADDITIONAL COMMENTS

SIGNATURE:	DATE:
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