

**PERSONAL DATA SHEET**  
**FOR LEVEL II STUDENT FIELDWORK EXPERIENCE**

PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

DYC Email address: \_\_\_\_\_ Personal Email address: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

Cell phone number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION INFORMATION

1. Expected OT Degree: BS/MS \_\_\_\_\_ Masters \_\_\_\_\_

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 CPR 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. Research topic of project/thesis: \_\_\_\_\_
5. Describe your preferred learning style: \_\_\_\_\_  
\_\_\_\_\_
6. Describe your preferred style of supervision: \_\_\_\_\_  
\_\_\_\_\_
7. Will you need housing during your affiliation? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Will you have your own transportation during your affiliation? Yes \_\_\_\_\_ No \_\_\_\_\_
9. *(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
<b>Level I Exp.</b>			
<b>Level II Exp.</b>			

ADDITIONAL COMMENTS

Signature & Date: \_\_\_\_\_