

PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name: _____

Permanent Home Address: _____

Phone Number: _____ Email: _____

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

Foreign languages Spoken: _____ Read: _____

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

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: _____

CLINICAL EXPERIENCE

	CENTER	TYPE OF FW SETTING	LENGTH OF FW EXPERIENCE
Level I Exp. (include clinic)			
Volunteer Experience			

ADDITIONAL COMMENTS
