This form is completed by the student and is sent to the student’s Level II fieldwork educator prior to the start of the fieldwork experience.
PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name  _______________________________________________________________________________________

Permanent Home Address  ______________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Phone number and dates that you will be available at that number

Phone Number  _____________________________    Dates  __________________________________________

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

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

EDUCATION INFORMATION

1. Expected degree (circle one)
   OTA:
   Associate               Baccalaureate               Masters               Doctorate               Certificate

   OT:
   Baccalaureate               Masters               Doctorate               Certificate

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 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. Describe your preferred learning style: __________________________________

5. Describe your preferred style of supervision: ______________________________

6. Will you need housing during your affiliation?  Yes _____ No _____

7. Will you have your own transportation during your affiliation?  Yes _____ No _____

8. (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

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<tr>
<th>CENTER</th>
<th>TYPE OF FW SETTING</th>
<th>LENGTH OF FW EXPERIENCE</th>
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ADDITIONAL COMMENTS

AOTA Commission on Education (COE) and Fieldwork Issues Committee (FWIC)
Amended and Approved by FWIC 11/99 and COE 12/99
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