

**STUDENT PERSONAL DATA SHEET FOR FIELDWORK**

Name		Preferred Name	
Social Security Number		US Citizenship	
Permanent Home Address			
Contact in case of accident/illness			
Email			

**EDUCATIONAL INFORMATION**

Previous Colleges or Universities Attended	Degree(s)	Graduation Date
Year Enrolled in OS Program		Anticipated Graduation

**GENERAL INFORMATION**

Special Skills or Interest			
Foreign Languages Spoken		Read	

**HEALTH INFORMATION**

What is the name of your insurance company?			
Group Number		Subscriber Number	
Do you have any physical disability which requires special concern in training, placement or scheduling? (Explain)			

**PREVIOUS WORK AND VOLUNTEER EXPERIENCE**

Name of Facility	Duties

«Name»

**COURSE OF STUDY**

Y E A R	Fall	Spring	Summer
		Occupational Therapy Practice Environments	Neuroscience: Processes Supporting Occupation
O N E	Musculoskeletal Dimensions of Occupational Performance	Biomedical & Phenomenological Perspectives on Illness & Disability	
	Occupational & Environmental Transformations I: Adulthood & Aging	Occupations, Adaptation & Technology I	
	Fundamentals of Occupation-Centered Practice		
Y E A R	Fall	Spring	Summer
		Occupational & Environmental Transformations II-Childhood & Adolescence	Occupations, Adaptation & Technology II
T W O	Research in Occupational Science & Therapy	Applied Research Experience	
	Political, Administrative, and Financial Contexts of Service Delivery	Historical Evolution of Occupational Therapy & Science	
	Special Focus Elective (Required elective taken in another Dept.)	Evolution of Community Based Practice: Developmental, Implementation & Evaluation	
	Independent Study: Occupational Therapy & Science		

**FIELDWORK EXPERIENCES**

Setting	Level		Type			Dates
	I	II	Peds	PhysDys	Psych Soc	

Susan Coppola, MS, OTR/L, BCG  
 Clinical Associate Professor  
 Fieldwork Coordinator

<p><b>Division of OS Checklist:</b></p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Immunization &amp; Health Record</p> <p><input type="checkbox"/> Tuberculosis Test</p> <p><input type="checkbox"/> CPR Training (exp. Date: _____)</p> <p><input type="checkbox"/> Hep B</p> <p><input type="checkbox"/> OSHA</p> <p><input type="checkbox"/> HIPAA</p>
--