

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

*West Virginia University*  
*Division of Occupational Therapy*  
*8707-1 RCB HSCS, P.O. Box 9139*  
*Morgantown, WV 26506-9139*

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: MOT

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 \_\_\_\_\_

PREVIOUS WORK/VOLUNTEER EXPERIENCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. (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

	FACILITY	TYPE OF FW SETTING	LENGTH OF FW EXPERIENCE
<b>Level I Exp.</b>			
<b>Level II Exp.</b>			

ADDITIONAL COMMENTS