DEPARTMENT OF OCCUPATIONAL THERAPY
FIELDWORK PREFERENCE SHEET

NAME:_____ LOCAL ADDRESS:_____

STUDENT ID #:_____ CELL PHONE #:_____

ACADEMIC LEVEL: BS_____ MS_____ PERMANENT ADDRESS:_____
Street City State Zip

Entered OT Program (1st Sequence):_____ ALTERNATE PHONE #:_____

Fieldwork Date #1_____ E-MAIL ADDRESS:_____

#2_____ How do you prefer to communicate:_____

1. What is your geographic preference for fieldwork placement (provide a city or area, e.g. San Francisco, East Bay, etc.)?

_____

2. Where have you completed any previous internships, volunteer work or work as an aide? Please list each facility and type of experiences (e.g. psychosocial, physical disabilities or pediatrics).

_____

_____

3. What is your preferred direction of commute (you must anticipate commuting for at least on of your internships)?

_____

4. What is your method of transportation (i.e. car, public transportation, etc.)?

_____

5. What other considerations are important to you regarding your internship (i.e. type of facility, family concerns, etc.)?

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