

DEPARTMENT OF OCCUPATIONAL THERAPY FIELDWORK LEVEL II PREFERENCE SHEET

Name: _____ Student ID #: _____

Email: _____ Phone #: _____

Local Address: _____

Permanent Address: _____

Fieldwork Date # 1 _____ # 2 _____

1. What is your geographic preference for Fieldwork Placement (City or Area)?

Bay Area

- San Francisco North Bay- Marin County Sonoma County _____
 East Bay Peninsula Monterey/ Salinas _____

Sacramento Area _____

Central Valley _____

Los Angeles _____

Orange County. _____

San Diego _____

Other Locations: _____

2. Where have you completed any previous internships, volunteer work or work as an aide? Pls write facility and type of experience.

- Psychosocial _____ Community _____
 Pediatrics _____ School _____
 Physical Disabilities _____ Geriatrics _____
 Out Patient _____ Others _____

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

4. What is your method of transportation? Private/ Car. Public Others _____

5. Preferred settings (Placement in these settings not guaranteed)

- Psychosocial _____ Community _____
 Pediatrics _____ School _____
 Physical Disabilities _____ Geriatrics _____
 Out Patient _____ Others _____

Pace: Slow Fast

Other important considerations (family concerns, etc):
