

University of Missouri-Columbia
Department of Physical Therapy
106 Lewis Hall

place picture
here

Student Data Sheet

Affiliation Site: _____ Dates of Affiliation: _____

Student Name: _____ Student
Phone: _____

Student Mailing Address: _____

Education Background/Degrees Awarded (include dates): _____

Previous PT experience and past clinical education rotations (include dates): _____

Special Areas of Interest in PT: _____

I feel my strengths are: _____

I feel my weaknesses are: _____

My Objectives or Goals for this Affiliation:

My learning style is/ I learn best by: _____

I prefer feedback that: _____

Special Requests: _____

Name, Address and Phone of Person To Be Notified In Case of Illness or Accident:

Relevant Medical and/or learning issues: _____
