

Section One:

Student: _____ SS# _____ DOB ____/____/____
 First Last MI

College/University Requesting Placement: _____

College/University Placement Coordinator: _____

Telephone number and email of Placement Coordinator:

Contact/Supervisor of Student: _____

Telephone number and email address of the Contact/Supervisor of Student:

Please check the appropriate box:

Student Teacher Intern Observer

Student's experience needs to begin by ____/____/____ and end by ____/____/____

They must complete a total of:

_____ Number of Hours _____ Number of Weeks _____ Other

Major area of student (e.g., teaching, social work, OT/PT, etc.): _____

Identify any objectives and limitations the student's experience should include (**you may attach program expectations**):

Contract specifying objectives/limitations is attached

Section Two: To Be Completed By Student

Current telephone number(s) _____
 School Cell Other

Current address: _____
 Street, City, Zip Code

In Case of an Emergency Whom Should We Contact:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Any known allergies/ medical conditions:

Hospital Preference: _____

Resume Attached