

MHCC PTA Program Student Information

Student: _____ Phone: Day: _____
Address: _____ Evening: _____
City: _____ Email: _____
State & Zip code _____
Affiliation Site: _____ Affiliation Dates: _____

1. Briefly, list all previous education, work and health care experiences. Include clinicals, job responsibilities and duration of each experience.

2. What are your personal strengths?

3. What are your personal goals for this learning experience?

4. What activities and skills, applicable to this practice environment, would you like more exposure to?

5. Please list any additional activities you would be interested in, if available at this facility. (i.e. surgical observation, observing OT or ST, etc.)

6. I learn best **initially** by: ___reading about something
 ___discussion
 ___observation
 ___doing something myself
 ___doing something with my CI

My learning style inventory is included.

Other information I would like to share about my learning style:

7. I understand that time and circumstances may limit communication options, however, when possible, I prefer feedback:
 - a. When?

 - b. Where?

 - c. How much?

8. Please include any other information you wish to share prior to your arrival.

*Please make phone contact with the facility one week prior to your first day of the affiliation