



**University at Buffalo** *The State University of New York*

**DOCTOR OF PHYSICAL THERAPY PROGRAM**

**STUDENT PROFILE**

Student Name:

Permanent Address (or where pre-clinical information should be sent):

Email Address:

Present Phone Number (or # at which message can be left):

**Person to Notify in Case of Emergency**

Name:

Relationship:

Address and Phone Number:

Describe any conditions (medical or otherwise) that may affect your ability to perform in the clinic that we need to be aware of:

Previous Education (undergraduate and graduate):

**Prior Clinical Experiences**

<i>Site</i>	<i>City, State</i>	<i>Dates</i>	<i>Type</i>

**Work Experience**

Related to Physical Therapy:

Unrelated to Physical Therapy:

Areas of Special Talents/skills or Interest:

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Briefly describe yourself -- what would you like the clinical coordinator and/or clinical instructor to know about you as a person:


What are your specific objectives for this clinical education experience?


What are your clinical strengths? (Consider previous work experience, previous clinical experiences and any special training you may have had.)


What clinical skills would you like to upgrade during this experience?


How often do you prefer meetings with your clinical supervisor?

<i>Daily</i>	<i>Weekly</i>	<i>Scheduled as Needed</i>	<i>Impromptu</i>

How much outside reading and preparation for evaluation, treatment and progress do you expect to do?

None	During Working Hours	1-2 Hours Per Evening	3 or More Hours Per Week

*Other, Please Explain:*

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Describe your learning style?


Describe your personality spectrum?
