



# Physical Therapist Assistant Program Clinical Education Student Introduction Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_

Emergency contact (number): \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

List previous clinical education experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special activities and/or procedures you would be interested in: \_\_\_\_\_

\_\_\_\_\_

Indicate which of the following is the most preferable teaching method for you:

reading                  discussing                  observing                  performing

Signature: \_\_\_\_\_