

University of Missouri-Columbia  
Department of Physical Therapy  
801 Clark Hall  
Columbia, MO 65211

place picture  
here

### Student Data Sheet

Clinical Site: \_\_\_\_\_

Dates of Clinical Experience: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student email address: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

---

Previous physical therapy experience and past clinical education rotations (include dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special areas of interest in physical therapy:

\_\_\_\_\_

\_\_\_\_\_

I feel my strengths are (identified through StrengthsQuest)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I feel my weaknesses are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

---

My objectives or goals for this affiliation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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: \_\_\_\_\_

---