Student Data Form Florida Consortium of Clinical Educators

(Confidential)

School/Clinical Experience Level:			Dates of Clinical:			
Student Name:			Expected date of graduation:			
Current Address: Good until (date):						
Permanent Address:						
remailent Address.						
Current Phone:		Permanent Phone:				
Cell Phone:		E-mail:				
Emergency Contact (1)		Relationship:				
Home Phone:	Work Phone:	/ork Phone:		Cell phone:		
Emergency Contact (2)				Relationship:		
Home Phone:	Work Phone:			Cell phone:		
Health concerns that clinical faculty should be aware of:						
* The student will provide copies of the following information:						
☐ Picture ID (driver's license or ID card)						
☐ Verification of professional liability coverage						
☐ Verification of blood borne pathogens / HIV education						
☐ CPR certification						
☐ Proof of HBV or declination statement						
☐ Proof of other immunization records						
☐ Verification of health insurance coverage						
☐ Clinical Performance Instrument						
Other:						
Other:						
* Please note that for some programs these records						
are retained at the school and are available by contacting the ACCE						

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1. Previous clinical experiences (facility, dates, types of patients seen, other related clinical experiences):				
Previous work or volunteer experience:				
3. Areas of clinical interest and/or preferred work setting after licensure:				
4. Preferred learning style and preferred type of supervision:				
5. Preferred type and frequency of feedback:				
6. Student's interests for this clinical assignment:				
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a. What PT knowledge/skills do you hope to gain during this rotation?				
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b. What particular patient populations would you like to experience?				
5. That particular patient populations would you mile to expendition				
c. What types of experiences other than direct patient care are you interested in?				
c. What types of expenditions office than allost patient sale are you interested in.				
7. Specific goals: Refer to the attached criteria from the Clinical Performance Instrument (CP	1)			
Select three criteria and write one <u>specific</u> performance objective/goal for <u>each</u> :	17.			
a.				
				
b.				
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C.				
C.				
Student signature:	Date:			
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