

**MASSACHUSETTS GENERAL HOSPITAL
PHYSICAL AND OCCUPATIONAL THERAPY SERVICES
CLINICAL EDUCATION PROGRAM**

STUDENT INFORMATION SHEET

Name: _____

Phone: _____

Address: _____

Email Address: _____

IN CASE OF EMERGENCY:

Name: _____

Address: _____

Phone: _____

What is your preferred learning mode: (reading, listening, manual/kinesthetic):

What is your preferred learning style: (active experimentative, reflective observation, thinking theoretically, concrete application):

Describe the amount and type of supervision you had on your previous clinical experiences:

What methods were used to evaluate you (e.g., observations, formal feedback sessions, informal tasks with and without patients present)? What methods worked best for you?

Are there other methods of evaluation that would have been helpful?

What strengths do you bring to this clinical experience?

What areas of clinical practice need strengthening?

Is there anything else that you would like to share with us as we plan your clinical experience?
