

**DEPARTMENT OF OCCUPATIONAL THERAPY
LEVEL II FIELDWORK INFORMATION SHEET**

Name: _____ Student ID #: _____

Email: _____ Phone #: _____

Emergency Contact Name/ Phone number: _____

Local Address: _____

Permanent Address: _____

Anticipated Year of graduation: _____ Year admitted: _____

1. Rank 1-3 the geographic LOCATIONS of interest for Fieldwork Placement (City or Area)?

- San Francisco North Bay _____ San Jose and South Bay
 Peninsula East Bay _____ Santa Cruz
 Sonoma county Tri Valley _____ Monterey/ Salinas _____
 Sacramento Area _____ Central Valley _____
 LA County (specify) _____ Santa Barbara/ Ventura County _____
 Orange County _____ Riverside County _____
 San Diego County _____ Humboldt County _____
 Other Locations: _____
 Open to relocating for excellent experience: _____

2. Where have you completed any previous internships, volunteer work or work as an aide? Pls write facility and type of experience.

- Psychosocial _____ Community _____
 Pediatrics _____ School _____
 Physical Disabilities _____ Geriatrics _____
 Out Patient _____ Others _____

3. What is your preferred direction of commute (you must anticipate commuting for at least one of your internships)?

4. What is your method of transportation? Private/ Car. Public. Others _____

5. Settings of interest. (**Placement in these settings not guaranteed**)

Rank 1- 3 in both **Phys Dis & Psych.**

Physical Disabilities

- Inpatient
 Out Patient
 Geriatrics
 Pediatrics

Psychosocial

- In patient
 Community
 Pediatrics -Private Clinic
 School

Pace: Slow Fast No preference

Other important considerations (family concerns, etc.): _____
