

# ANDREWS UNIVERSITY

Department of Physical Therapy

## Clinical Education Student Request Form

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

Academic Institution \_\_\_\_\_

Name of Clinical Education Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

**Goals:** List four goals you have for this clinical rotation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Experiences:** List the type of experiences you would like to have for this clinical.

**Examination:**

**Program planning:**

**Exercise:**

**Modalities**

**Supervision:** Describe the type and/or amount of supervision and feedback you would like during this clinical rotation.

**Experience:** List the types of facilities and/or diagnoses that you have experienced.

**Strengths:** Describe what you consider to be your strengths.