



STUDENT BIOGRAPHY - CONTINUED

Medical conditions or special situations that may influence your clinical performance:

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Professional Interests:

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Personal Interests and Hobbies:

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Memberships in social, community, and professional organizations:

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I chose the field of physical therapy for my career because:

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In my opinion, my strengths are:

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My areas to improve are:

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I learn best when:

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My expectations for clinical experiences are:

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I hope my CI will:

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My responsibilities during any clinical experience include:

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Other comments:

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Checking this box constitutes my electronic signature to release this information to clinical facilities.

Date: \_\_\_\_\_