

Student Name _____

Practice area interests

Please describe the practice areas in which you are primarily interested (if any) in terms of your fieldwork and/or future OT career, as well as any specific population(s), age group(s), disability type(s), etc.: _____

III. Fieldwork Planning

If you know, where will you be living during the summer semesters? (Please give specific town or city. If in Los Angeles, what area?)

Summer Year 1: _____

Summer Year 2: _____

Out-of-area/out-of-state: Will you be requesting to be out of the area for Level II fieldwork in Summer Year 1? (If yes, list city and state, fill out an out of area request form and get in contact with the Fieldwork Team as soon as possible to begin planning and secure a placement.)

Transportation: Will you have your own transportation during your affiliation? Yes _____ No _____

Reasonable Accommodations (Optional): Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes _____ No _____

If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them. To promote successful accommodation, it should be discussed and documented before each fieldwork.

Thank you for taking the time to thoughtfully complete this information! The fieldwork team looks forward to working with you. Please turn this form in to the fieldwork mailbox.

IV. For Office Use Only

Semester	Immersion	Fieldwork Site
Year 1: Fall Level I FW		
Year 1: Spring Level I FW		
Year 1: Summer Level II FW		
Year 2: Fall Level I FW		
Year 2: Summer Level II FW (Indicate if P/T)		

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