

DOCTOR OF OCCUPATIONAL THERAPY

Fieldwork Preference Form

Name: _____

Date: _____

Hometown: _____

Additional geographical locations to be considered:

Preferred programs or facilities:

Rank practice setting in order of preference (1= most preferred & 7 = least preferred):

Acute Care:

School based/Pediatric:

Inpatient Rehab:

Outpatient:

Home health

Community based:

Mental Health:

Content Area that you are MOST confident:

Content Area that you are LEAST confident:
