

## **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:



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1.	•		c do you iiila you work be			
	1 Fast Paced	2	3 Moderate Pace	4	5 Slow Pace	
2.	How much do yo	u like to be chall	enged when you are lear	ning something	new?	
	1 Complex and Challenging	2	3 Some level of complexity	4	5 Minimally challenging and complex	
3.	Please indicate any particular facilities that <u>should be avoided</u> in considering your placement due to a potential conflict of interest (e.g., previous employment, relative working at site, previous internship, etc.).					
4.	What do you consider to be your interpersonal strengths and challenges?					
5.	How would you o	describe your lea	rning style?			
6.	What feedback h	ave you received	d from professors or field	work supervisoi	rs?	
7.	Is there any othe a fieldwork site?	r information tha	at you feel we should kno	w about you wh	nen matching you to	