

**THE UNIVERSITY OF IOWA  
PHYSICAL THERAPY & REHABILITATION SCIENCE GRADUATE PROGRAM  
Clinical Intern Information Sheet**

**Purpose:** The primary purpose of this form is to assist the student in identifying goals for the two week clinical experience which will help the clinical instructor plan learning experiences.

**Directions:** It is the student's responsibility to complete this form and send it to the Center Coordinator of Clinical Education at the clinical site by December 2, 2011.

Student's Name			
Clinical Start Date:	January 2 or 3, 2012	Clinical End Date:	January 13, 2012
Clinical Site (Name)			
Student's Permanent Mailing Address			
Student's Phone			
Student's E-mail			

<b>EMERGENCY CONTACT (Person to be notified in case of accident or injury):</b>	
Name	
Address	
Phone	

<b>GOALS AND OBJECTIVES:</b> The skills I hope to strengthen or gain in consideration with the resources of this internship are:
1.
2.
3.
4.

Other comments, questions, or concerns:

The address where I can be contacted during the month prior to my arrival at your facility is: