

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

2011

**Purpose:** The primary purpose of this form is to assist the student in identifying goals for each internship, 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 each clinical site ***NO LATER THAN FOUR WEEKS PRIOR*** to each internship.

Student's Name			
Clinical Start Date:		Clinical End Date:	
Clinical Site (Name)			
Student's Permanent Mailing Address			
Student's Phone			
Student's E-mail			

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

2011 CLINICAL INTERNSHIPS (full time) – List name, address and type of experience (acute, rehab, peds, etc.) of clinical center:	
INTERNSHIP 1. May 23 – July 22	
INTERNSHIP 2. Aug. 1 – Sept. 30	
INTERNSHIP 3. Oct. 10 – Dec. 9	

<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: