

**DREXEL UNIVERSITY**  
**PROGRAMS IN PHYSICAL THERAPY & REHABILITATION SCIENCES**  
**Entry-level DPT Program**  
**Student Profile and Questionnaire**

**Name** \_\_\_\_\_

**School Address** \_\_\_\_\_

**School Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Clinical Facility** \_\_\_\_\_

**Clinical Education (circle one)    II    III    Clinical Internship**

**Date of Affiliation** \_\_\_\_\_

**Undergraduate School** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Graduate School** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Previous and Future Full-Time Clinical Affiliations (specify name and type):**

**1.) Clinical Education I: (8 weeks)** \_\_\_\_\_

**Type** \_\_\_\_\_

**2.) Clinical Education II: (8 weeks)** \_\_\_\_\_

**Type** \_\_\_\_\_

**3.) Clinical Education III: (8 weeks)** \_\_\_\_\_

**Type** \_\_\_\_\_

**4.) Clinical Internship (16 weeks)** \_\_\_\_\_

**1. Previous experience related to physical therapy/rehabilitation medicine:**

**2. Areas of special interest:**

**3. Briefly describe yourself – what would you like the Clinical Coordinator and/or Clinical Instructor to know about you as a person?**

**4. What are your specific objectives for this clinical education experience?**

**5. What are your clinical strengths? (Consider previous work experience, previous affiliations, and any training you may have had).**

**6. What clinical skills would you like to better develop during this affiliation? (Refer to skills and activities on the Clinical Performance Instrument (CPI)).**

**7. Please rank in order of priority, your interest in the following additional interdisciplinary or departmental activities, if available.**

_____ clinics	_____ audits
_____ rounds	_____ observing other disciplines
_____ surgery	_____ special departmental programs
_____ team conferences	_____ department meeting
_____ in-services	_____ special units (name them)

**8. a) How often do you prefer meetings with your supervisor?**

_____ daily	_____ scheduled as needed
_____ weekly	_____ impromptu

**b) What type of format do you prefer for these meetings?**

**9. How much outside reading and preparation for evaluation, treatment, and progress notes do you expect to do?**

_____ none	_____ 1-2 hours per evening
_____ during working hours	_____ 3 or more hours per week
_____ other, please explain _____	

**10. How much advance notice would you prefer for preparation of in-services and formal presentations?**

**11. How do you learn best?**

\*The program would like to thank the Chicago Area Clinical Education Forum for the use of parts of this questionnaire. It was developed as a means for clinical facilities to prepare for individual students as well as a method to encourage active student participation in planning learning experiences.