

# Student Introductory Information

Physical Therapy Program  
University of Wisconsin-Madison

Student: \_\_\_\_\_ Facility/Corporation: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_ Site of rotation: \_\_\_\_\_

Learning Style: \_\_\_\_\_ Type of rotation: \_\_\_\_\_

1. My clinical experience to date can be summarized as:
  
  
  
  
  
  
  
  
  
  
2. Skills that I feel most competent with are:
  
  
  
  
  
  
  
  
  
  
3. Skills that I feel I need to work on include:
  
  
  
  
  
  
  
  
  
  
4. My learning objectives for this clinical experience, to be met at mid-term, are:
  - 1.
  
  
  
  
  
  
  
  
  
  
  - 2.
  
  
  
  
  
  
  
  
  
  
  - 3.

CI Signature at midterm: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature at midterm: \_\_\_\_\_ Date: \_\_\_\_\_

5. My learning objectives for this clinical experience, to be met by the end of the affiliation, are:
  - 1.
  
  
  
  
  
  
  
  
  
  
  - 2.
  
  
  
  
  
  
  
  
  
  
  - 3.

CI Signature at final: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature at final \_\_\_\_\_ Date: \_\_\_\_\_

\* Signatures indicate goals have been reviewed with student and CI(s) and they are in agreement the goals are realistic and attainable.