NORTHWOOD TECHNICAL COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM

STUDENT INFORMATION

This information is being collected for reference by the faculty and director of the OTA program at Northwood Tech. It will also be used to develop group data regarding OTA students. It will not be released in any form that identifies individual students. Thank you for your willingness to supply this data.

NAME _____ PHONE (HOME) _____

ADDRESS _____ PHONE (WORK) _____

_____PHONE (OTHER) _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

Number of miles from home to school _____

Type of employment anticipated during school year _____

Number of hours per week _____

Number of children _____ Ages of children living at home _____

Have you ever had any lifting or back problems? _____

_____

Describe your computer skills: _____

_____

_____

List three personal strengths that will enable you to be successful in the OTA program:

_____

_____

_____

Anything else that you would like us to know about you?

_____

_____

_____
THANKS!