



MedStar NRH
Rehabilitation Network

Clinical Education Student Questionnaire

Name: _____ Date: _____

Discipline (underline): PT__ OT__ PTA __ COTA __

Date of Affiliation Experience (Start and End Date): _____

Location of affiliation: _____

School/University (and address):

Graduation Date (month/year): _____

Current Address: _____

Current Phone: _____ Cell Phone #: _____

E-mail: Best _____

School _____

Permanent Mailing Address: _____

Permanent Phone: _____

Best way to contact you? _____

Continued...

Optional observational opportunities in MedStar NRH Network system: (Check areas you would like to observe while on affiliation, if you have several of interests please rank order)

- ☐ Acute Care
- ☐ Inpatient Rehabilitation- Stroke
- ☐ Inpatient Rehabilitation- TBI
- ☐ Inpatient Rehabilitation- Spinal Cord
- ☐ Inpatient Rehabilitation- Other, please list
- ☐ Wound care
- ☐ Aquatherapy
- ☐ Prosthetics/Orthotics
- ☐ Hand Therapy
- ☐ Foot/shoe orthotics
- ☐ Athletic training 2

- ☐ Women's health
- ☐ Lymphedema
- ☐ Vestibular Rehab
- ☐ Observing surgery
- ☐ Observing physician
- ☐ Worker's Compensation Programs (Work hardening/FCE)
- ☐ Vestibular
- ☐ Other, please explain:

Are you interested in touring our outpatient sites? If so, are there any in particular?

Are you interested in staying in the Baltimore/Washington region after graduation? _____

In order of priority, what do you think will be of most importance to you as you seek permanent employment after graduation?

☐ salary ☐ sign-on bonus ☐ days-off/holiday ☐ flex hours

☐ health and disability ☐ tuition reimbursement ☐ educational opportunities

Do you have any other questions or comments?