## **Mercer County Community College Physical Therapist Assistant Program**

## PTA 224: PTA Clinical Education I Learner Profile

Name Printed		
Address where correspondence		
should be sent		
Home Telephone		
Cell Phone		
E-Mail address		
	,	

By signing below, I agree to allow the personal information that I have filled out above to be sent to the clinical facilities in which I have been assigned for completion of the physical therapist assistant program. I am aware that the facility and/or my clinical instructor (CI) may use the information provided above to contact me prior to and during my clinical affiliation.

Signature Date

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1.	What are my objectives for this clinical affiliation?
2.	How do I learn best (ie. what is my learning style)?
3.	How do I best receive feedback?
	What previous experiences have I had that I would like my clinical instructor to know? (ie. as a patient hab aid, volunteer, previous clinical affiliations)
5.	Is there anything else that I want my clinical instructor to know?