Mercer County Community College Physical Therapist Assistant Program

Learner Profile PTA 235: Clinical Education II (Spring)

Nama Drintad	
Name Printed	
Address where	
correspondence	
should be sent	
Home Telephone	
Home relephone	
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.

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Learner Profile

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?

4. What previous experiences have I had that I would like my clinical instructor to know? (ie. as a patient, rehab aid, volunteer, previous clinical affiliations)

5. Is there anything else that I want my clinical instructor to know?