**Experiential Learning FALL/Spring Site Preference**

**P-1 Class**

*Please complete this form and return it to Ms. Anna Schmotzer, 904 Salk Hall no later than* ***SEPTEMBER 11, 2017****.*

Student Name:

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you have access to a car that you can use to travel to your site?

Yes  No

1. Which patient populations are you most interested in gaining experience? (check all those where you may be interested)

\_\_\_\_\_ Children and youth services

\_\_\_\_\_ Safety net providers/homeless shelters

\_\_\_\_\_ Geriatrics/senior citizen services

\_\_\_\_\_ Drug, alcohol, and/or crisis programs

\_\_\_\_\_ Underserved populations

\_\_\_\_\_ Behavioral health/psychiatric illnesses

\_\_\_\_\_ Hospital-based specialty programs (e.g., women’s health, oncology)

\_\_\_\_\_ Physically or mentally challenged patient services

\_\_\_\_\_ No specific preference

1. Are you fluent in any language(s) other than English?

Yes  No

If yes, in which language(s) are you fluent? (list below)