**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)