



### **Clinical Placement Learning Profile**

**Name:**

**Date:**

**Placement Type:**

**Phone:**

**Mailing Address:**

**Email:**

**Emergency Contact:**

**Relationship:**

**Address:**

**Phone:**

**Academic Interests** (previous degree, including any possible research interests if you have developed some):

**Preferred Learning Style:** (e.g. auditory, tactile / kinaesthetic, visual, combined):

**Preferred Options for Feedback** (e.g. immediately after the patient assessment / intervention, end of day, written, verbal etc.)

**Previous clinical (or other) experience's that may influence your learning patterns** (both positive and negative). Sharing this information may help your educator to plan in a way that will prevent negative learning situation from happening and promote more positive learning opportunities for you:

**Anything else** you would like your educator to know that will assist them to best meet your learning and personal needs during your placement: