

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE
DENTAL ASSISTANT PROGRAM**

STUDENT INFORMATION FOR PROGRAM DIRECTOR

This information is being collected for reference by the faculty and director of the DA program at WITC. It will also be used to develop group data regarding DA students. This information will be kept confidential and will not be released in any form that identifies individual students. Thank you for your willingness to supply this data.

NAME _____ PHONE (HOME) _____

ADDRESS _____

_____ PHONE (CELL) _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

Number of miles from home to school _____

Would you like to carpool to school if possible? _____

Type of employment anticipated during school year _____

Number of hours per week _____

Number of children _____ Ages of children living at home _____

Have you ever had any lifting or back problems? _____

If yes, explain: _____

Describe your computer skills:

Please describe why you chose the DA program and your future goals:

List three personal strengths that will enable you to be successful in the DA program:

Please take a few minutes to share anything else that you would like me to know about you?
Please include some personal interests.

THANKS!