

**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:

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

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

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

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THANKS!