

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

**STUDENT INFORMATION**

This information is being collected for reference by the faculty and director of the OTA program at WITC. It will also be used to develop group data regarding OTA students. It 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 (WORK) \_\_\_\_\_

\_\_\_\_\_ PHONE (OTHER) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Number of miles from home to school \_\_\_\_\_

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? \_\_\_\_\_

Describe your computer skills: \_\_\_\_\_

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

Anything else that you would like us to know about you?

THANKS!

(Student Information)