



College of Education and Human Services
Office of Field Services Personal Data Form

Name: _____ Date Completed: _____

Address: _____

Cell Phone: _____

University Email: _____ @eagle.clarion.edu

First Placement: _____ Placement Phone: _____

If applicable, Second Placement: _____ Phone: _____

Emergency Contact Information:

Primary Contact: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Secondary Contact: _____ Relationship: _____

(Will only be contacted if the primary contact cannot be reached.)

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please inform us of any medications, allergies, and/or special medical needs: _____

This form must be completed prior to the orientation meeting.

Print copies for the following:

1. The Office of Field Services (Form will be collected by the Director of Field Services at the orientation meeting.)
2. The University Supervisor (Form will be collected at the Supervisor's orientation meeting.)
3. The Cooperating Professional (Form must be given to the Cooperating Professional on the first day of the placement.)

NOTE: If you have two placements, you will need to make extra copies - one for the second placement Cooperating Professional and one for the University Supervisor, if you have a new second placement University Supervisor.