The Children's Physical Developmental Clinic

Kelly Gymnasium, Room #107
Bridgewater State University
508-531-1776
www.bridgew.edu/cpdc

Spring 2012 Clinic Dates

January 21, 28
February 4, 11, 18, 25
March 17, 24
Training for new clinicians
January 12, 2012

Application for Bridgewater State University Students

Please answer the following questions to the best of your knowledge. This information will enable us to gain a greater understanding of you and your professional and personal goals.

PLEASE PRINT ON BOTH SIDES Date:_____

Name:_____ Banner#:_____
PLEASE PRINT

Circle one: Male Female Birth Date: _____

EMAIL Address: _____

Campus Address: _____

Cellular Phone#: _____-_____-_____

Home Address: _____
(Street) (Box of Apt. #)

_____
(City) (State) (Zip Code)

Home Phone#: _____-_____-_____

1. Year of expected graduation:_____
2. Circle one: Undergraduate Student Graduate Student
3. Major:_____ Minor/Concentration:_____
4. Circle one: Resident Commuter
5. The Clinic Program runs eight (8) Saturday mornings each semester. Each session will start at 7:30 a.m. and end at 12 noon. Are you willing to commit yourself to ALL eight Saturday morning sessions each semester you serve the clinic? YES NO
6. List those experiences that you have had with children and/or adults (camp, playground, scouts, community services, teaching, etc). Also, include length of experience and age group.

7. List Bridgewater State University clubs, teams, or organizations in which you are presently a member.

8. Circle your swimming ability:
   A) non-swimmer
   B) Beginner (able to swim the length of pool)
   C) Intermediate (able to swim the length of the pool and tread water for one minute)
   D) Advanced
   E) Senior Life Saving
   Are you currently a certified lifeguard? YES NO

9. List special interests and/or abilities (music, dramatics, sports, etc.).

10. What semester do you plan to do your student teaching, field experience, or internship?

11. If you are selected as a clinician, which disabilities are you most interested in working with and what age level? Children in the program have physical, mental,and psychological disabilities. The ages of the children range from 18 months to 18 years.

12. If applicable, what position do you hope to seek upon graduation from BSU (i.e. teaching, human services, business, graduate school, etc.)?

13. From your present perspective, how can your involvement in the clinic program contribute to your personal and professional growth and future goals?

14. Do you have a medical condition which could impair your performance in the program?

Thank you for taking the time and effort to complete this form. Please return this form to Room #107 in Kelly Gymnasium or place it in the drop off envelope on the bulletin board.

_____ _____
(Signature of applicant) (Date)

Sheila Campbell
Administrative Director

Dr. Joe Huber
Program Director

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