

# Let's Get To Know You!

## Personal Information

Name

Previous work  
experience

What inspires you to  
become an OT?

## Favorite Things



Hobbies

Routines

OT Practice Area

OT Course

## How Do You Learn Best?

Rate your learning styles from one to five stars.

Visual



Auditory



Reading/Writing



Kinesthetic



## Your Strengths

What are some of your biggest  
academic strengths?

## Your Fieldwork Educator



What can I do to help you learn?

What would you like me to know?

## Your Areas for Improvement

What are some of your biggest  
academic areas for improvements?