



Level I Intake Form
Huntington University Doctoral Occupational Therapy Program

Academic Fieldwork Coordinator Information

Name: Beth Bright
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Student Information

Student Name:

Class: (Ex. Class of 2017)

Fieldwork Rotation: (Ex: Level 1-Psychosocial)

Student phone number:

Emergency Contact:

Site Information

Fieldwork Site:

Fieldwork Supervisor's Name:

Fieldwork Supervisor's Phone Number:

If you have an emergency and *cannot attend fieldwork*, who will you contact?

In collaboration with your fieldwork educator, please choose an anticipated date of completion below

Anticipated date of completion: _____

Fieldwork Educators Initials: _____

One copy for the fieldwork supervisor, OTD student, and Academic Fieldwork Coordinator