



Student Information Sheet:

School of Nursing: _____ Date: _____

Student name: _____ DOB: _____

Phone (cell): _____ Phone (home): _____

E-mail: _____ Address: _____

Previous clinical sites:

Semester/Year	_____	Site	_____
Semester/Year	_____	Site	_____
Semester/Year	_____	Site	_____
Semester/Year	_____	Site	_____

Please list any previous health care experience (both volunteer and paid). Include organization, unit or area, and your role.

Please tell us about your previous experience with children? (Family, work, volunteer, babysitting, etc.):

Tell us about yourself:

What are your personal goals and expectations for your Children's student experience?

What are your career goals in nursing?

What are your areas of strengths that you will bring to your student experience?

What are your areas that need continued attention for improvement during the student experience?

What teaching-learning strategies have been most effective for you?

Anything else you would want us to know?

For Precepted Students: What is your availability (consider other courses, family commitments and work schedules). Please be specific. You will be expected to work around the preceptor's schedule. The preceptor cannot work around your schedule

Please write a short paragraph about why you should be selected for a preceptorship at Children's Hospital of Wisconsin.