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| Student placement assessment form |
| Student’s full legal name [print] | Student’s Signature |
| Home Address: | Postal Code: | Home No.: |
| E-Mail Address: | Work No.:  | Emergency Contact: [name and cell number] |
| Placement Start Date:  | Placement End Date:  |  |
| College or University Information |
| University/College | Year of Study | Program of Study | Contact Person |
| Personal References: |
| Name | Relationship | Duration of Relationship | Phone No. or Email Address: |
|  |  |  |  |
|  |  |  |  |
| What are your available days and hours | Days | Time |
|  | Monday |  |
|  | Tuesday |  |
|  | Wednesday |  |
|  | Thursday |  |
|  | Friday |  |
|  | Saturday |  |

Please answer the question below in less than 300 words

What are you expecting to get out of this placement? :