|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? :