**LEBANON VALLEY COLLEGE**

**DEPARTMENT OF EXERCISE SCIENCE**

**STUDENT DATA FORM**

**Student Name:**

**Mailing address during and 4 weeks prior to arrival at Practicum site**

 Street :

 City:  State:  Zip:

Telephone #:  Email address:

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**In case of emergency please notify:**

Name:  Relation:

Street :

 City:  State:  Zip:

Telephone #:  Email address:

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\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*COMPLETE FOLLOWING FOR ALL PRACTICUM EXPERIENCES\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**My previous exercise science-related experiences include (list setting/facility):**

**Student's personal goals and objectives for this practicum experience:**

1:

2:

3:

4:

5:

6:

7:

8:

**Perceived strengths:**

**Perceived areas for growth:**

**Other comments to share with preceptor:**