NTC Program

**Student Information Form**

Please complete the following and return to your Instructor before your second day of class. This information will help your instructor to understand your needs and your expectations for this course.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best way to contact you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why did you choose healthcare as a profession?
2. Do you work? If so, how many hours do you work per week?
3. What are your academic and personal strengths?
4. What are your academic and personal weaknesses?
5. How do you learn best? Describe.
6. What do you expect to get out of this course?
7. Are you taking any other classes at this time? Please not days/times.
8. Is there anything else you would like your instructor to know?