

Brenau University Occupational Therapy Department
Student Evaluation of Fieldwork Experience: Fieldwork Level I

Purpose: This form is important feedback for your fieldwork Clinical Instructor, your faculty, and the other students at Brenau University.

Directions: Complete this form in ink prior to your final meeting with your fieldwork Clinical Instructor. Share it with your Clinical Instructor and make sure that both of you sign the form. One copy is to be given to the Clinical Instructor, one copy is to be given to the Clinical Instructor and one copy is to be given to the Academic Fieldwork Coordinator.

Some of the questions require completion of information throughout the fieldwork experience. For example, Students are to keep a “running log” of certain characteristics, e.g., ages, diagnoses, about their patient caseload.

Part I: Identifying Information

Student's Name: _____
 (Last) (First) (Middle)

Facility Name: _____

Type of Fieldwork: Fieldwork Level I

Dates of Placement: From: _____ To: _____ # of Weeks: _____

Clinical Instructor: _____

We have mutually shared and clarified this Student Evaluation of Fieldwork Experience report:

Student Signature

Clinical Instructor's Signature

Academic Fieldwork Coordinator's Signature

Date

Part II: Structure of Fieldwork Education Program

A. Student Orientation

1. Was a formal orientation provided? Yes _____ No _____
2. If yes, first indicate whether the topic was covered during orientation, by checking "Yes" or "No". Then, if the topic was covered, indicate your view of the orientation by checking "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

Topic	Topic Covered		Adequate		Organized		Timely	
	Yes	No	S	I	S	I	S	I
a. Staff Introductions								
b. Physical Facilities								
c. Organizational Structure								
d. Facility/Department Philosophy								
e. Facility Services								
f. Facility/Department policies and procedures.								
g. Occupational Therapy services								
h. Departmental documentation								
i. Safety/Emergency procedures								
j. Confidentiality								
k. Fieldwork objectives/requirements								
l. Student supervision								
m. Community resources								
n. Department frame(s) of reference								
o. Quality Improvement program								
p. Requirements/assignments								
q. Other								
r. Other								

3. Comments or suggestions regarding your orientation to this fieldwork placement:

B. Written and Oral Assignments

- List all assignments related to fieldwork either assigned by the Clinical Instructor or a Professor. Indicate if you were able to complete them by indicating “Yes” or “No”. If completed, indicate the number you did. Also, indicate their value to your learning experience by circling the appropriate number with #1 being least valuable and #5 being the most valuable.

Assignment	Able to be completed?		How Many	Educational Value	Comments
	Yes	No			
a. Screening				1 2 3 4 5	
b. Assessment: indicate the different types and whether it was the complete assessment or part of it:					
1.				1 2 3 4 5	
2.				1 2 3 4 5	
3.				1 2 3 4 5	
4.				1 2 3 4 5	
5.				1 2 3 4 5	
c.				1 2 3 4 5	
d.				1 2 3 4 5	

C. Caseload Description:

- List the approximate number of each age Category of patients you directly observed or worked with.
- List the types of patient diagnoses and the frequency of each of the patients you directly observed or worked with.

Age	#	Comments
0-3 years old		
4-5 years old		
6-12 years old		
13-18 years old		
18-22 years old		
23-54 years old		
55-64 years old		
65-80 years old		
80+ years old		

Diagnosis	#	Comments

1. List major therapeutic interventions (e.g., dressing training) you observed and/or worked with and indicate whether it was provided in groups or individually.

Therapeutic Interventions	Group	Indiv	Comments

Part III: Supervision

- A. Check categories which seem descriptive of your supervision:
 1=Rarely 2=Occasionally 3=Frequently 4=Consistently

Category	1	2	3	4	Comments
Taught knowledge and skills as required					
Presented clear explanations and expectations					
Provided supervision as needed					
Used constructive feedback methods to address weakness					
Provided positive reinforcement for strengths					
Encouraged student to provide feedback to supervisor					
Facilitated student's problem-solving skills					
Encouraged self-directed learning					
Approachable and interested in students					
Adjusted workload to facilitate student's growth					
Reviewed written work in timely manner					
Made me feel comfortable and part of the department					
Demonstrated interest and commitment in job					
Provided a positive role model of professional behavior					
Projected a positive attitude toward other staff and students					
Provided feedback in a timely manner					

B. List all of your CI and the frequency (# of weeks) in which you interacted with them.

Name of Clinical Instructor	Title	Frequency	Comments

Part IV: Professional Relationships

A. Check categories that seem descriptive of your experience, referring to the code:
 1=Rarely 2=Occasionally 3=Frequently 4=Consistently

Category	1	2	3	4	Comments
Provided exposure to OTR/COTA/Service Extender roles					
Provided with opportunities to network with other professionals					
Experienced interdisciplinary approach to care					
Observed O.T. staff modeling therapeutic relationships					
Informed of additional educational opportunities					
Participated in additional educational opportunities					
Provided chance to network with related agencies					
Provided with opportunity to expand interdisciplinary knowledge					
Expanded knowledge of community resources					

Part V: Academic Preparation

A. Rate how each of your courses prepared you for this fieldwork experience, with #1 being “Minimal” and #5 being “Excellent”. If the course was not related to this fieldwork placement, select N/A.

Course	NA	Preparation					Comments
		Min				Exc	
Gross Anatomy		1	2	3	4	5	
Foundations of Practice		1	2	3	4	5	
Functional Kinesiology		1	2	3	4	5	
Clinical Reasoning I		1	2	3	4	5	
Occup Perf Eval & Inter I		1	2	3	4	5	
Neuroscience		1	2	3	4	5	
Developmental Conditions		1	2	3	4	5	
Clinical Reasoning II		1	2	3	4	5	
Occup Perf Eval & Inter II		1	2	3	4	5	
Medical Conditions		1	2	3	4	5	
Abnormal Psychology		1	2	3	4	5	
Clinical Reasoning III		1	2	3	4	5	
Occup Perf Eval & Inter III		1	2	3	4	5	
Supv/Service Management		1	2	3	4	5	
Clinical Reasoning IV		1	2	3	4	5	

Cultural Differences		1	2	3	4	5	
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- A. What are the strongest aspects of your academic program relative to the needs of this fieldwork experience? Be specific and include course references as appropriate.

- B. Did you find correlation between theories and concepts and skills learned at school and their practical application at this center? Give examples of this type of correlation.

- C. What changes would you recommend in your academic program relative to the needs of this fieldwork experience?

Part VI: Summary

- A. What particular qualities or personal performance skills do you feel a student should have to function successfully on this fieldwork placement?

- B. Overall, what changes would you recommend in this Level I Fieldwork experience?

- C. Would you recommend this placement to other students as a Level I Fieldwork experience? Yes ___ No ___

Part VII: Additional Comments

Please feel free to add any further comments, description or information concerning your fieldwork placement.