

**THE UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS  
COLLEGE OF HEALTH SCIENCE AND HUMAN SERVICE  
DEPARTMENT OF OCCUPATIONAL THERAPY  
LEVEL I FIELDWORK EVALUATION (1<sup>ST</sup> YEAR)**

Student Name: \_\_\_\_\_  
 Fieldwork Site Name: \_\_\_\_\_  
 Fieldwork Site Address: \_\_\_\_\_  
 Type of Setting: \_\_\_\_\_ Dates of Assignment: \_\_\_\_\_  
 Total Number of Hours: \_\_\_\_\_

On the basis of your observation and interaction with the student, please indicate your rating by placing a check in the appropriate column. If the item is not applicable to the student's experience, please mark N/A. Please comment or cite examples in the comments section.

S = Satisfactory                      NI = Needs Improvement                      N/A = Not applicable

Professional skill or ability	S	NI	N/A	Comments
1. Did the student communicate appropriately with the fieldwork educator (both verbal and nonverbal)?				
2. Did the student communicate appropriately with other employees and staff (both verbal and nonverbal)?				
3. Did the student communicate appropriately with clients and/or caregivers (both verbal and nonverbal)?				
4. Did the student participate in the fieldwork experience with enthusiasm?				
5. Was the student punctual and prepared for fieldwork sessions?				
6. Was the student dressed/groomed appropriately?				
7. Did the student manage his/her emotions and behaviors professionally?				

What are the student's strengths?

In what area(s) does this student show need for continued growth or improvement?

Additional comments:

\_\_\_\_\_  
Level I Fieldwork Educator Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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I have read and have a copy of this report:

\_\_\_\_\_  
Level I Fieldwork Student Signature

\_\_\_\_\_  
Date