

**THE UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS
COLLEGE OF HEALTH SCIENCE AND HUMAN SERVICE
OCCUPATIONAL THERAPY DOCTORATE DEGREE PROGRAM
LEVEL I FIELDWORK EVALUATION (2nd 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 supervisory relationship?				
5. Did the student orally report client data and observations accurately and appropriately?				
6. When assigned, did the student provide written documentation that was clear and used appropriate terminology?				
7. Was the student able to identify occupational performance deficits/diagnostic categories?				
8. If assessments were performed, was the student able to select and administer appropriately?				
9. Did the student recognize the occupational therapy service that could be provided to the client?				
10. Did the student understand the theoretical framework for intervention?				
11. If the student provided therapy for the client, did he/she carry out the therapy satisfactorily?				

Professional skill or ability	S	NI	N/A	Comments
12. Did the student participate in the fieldwork experience with enthusiasm?				
13. Did the student assume responsibility for self directed learning?				
14. Was the student punctual and prepared for fieldwork sessions?				
15. Was the student dressed/groomed appropriately?				
16. Did the student respect client rights and maintain confidentiality?				
17. Did the student take initiative for learning time management?				
18. Did the student respond appropriately and modify his or her behavior in response to fieldwork educator feedback?				
19. Did the student accept responsibility for completing assignments in a timely, professional manner?				
20. Did the student manage his/her emotions and behaviors professionally?				
21. Did the student share relevant classroom and research information?				

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

I have read and have a copy of this report:

Level I Fieldwork Student Signature

Date