**FIELDWORK I SITE EVALUATION FORM**

Fieldwork Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Fieldwork: physdys/adult rehab geripsych psych peds

Please comment on the notable strengths and weaknesses of this setting by indication, Y (yes), N (no), or NA (non-applicable) in the spaces below.

\_\_\_\_ 1. Did the site provide an orientation to the setting or program?

\_\_\_\_ 2. Were objectives and expectations discussed?

\_\_\_\_ 3. Did the fieldwork educator assist you in organizing time and planning

 learning experiences?

\_\_\_\_ 4. Did the fieldwork educator show you the site’s method of documentation

 & record keeping?

\_\_\_\_ 5. Were you encouraged to interact with clients?

\_\_\_\_ 6. Was the site’s staff supportive of the student in the learner role?

\_\_\_\_ 7. Did the center provide an opportunity to observe occupational therapy

 Personnel interact with other professionals? (staffing, rounds, team

 conferences)

\_\_\_\_ 8. Did the fieldwork educator attempt to answer relevant questions and/or

 Suggest avenues to explore further with personnel, charts, references?

\_\_\_\_ 9. Did this experience aid in your professional development?

\_\_\_\_ 10. Rate this Fieldwork I experience (1-poor, 2-below average, 3-average,

 4-above average, 5-excellent)

\_\_\_\_\_\_11. Rate your fieldwork educator’s effectiveness of supervision (1-poor, 2- below average, 3-average, 4-above average, 5-excellent)

 Suggestions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures verifies discussion of this form:**

**Fieldwork Educator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fieldwork I Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fieldwork educators Name & Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# Years Experience: \_\_\_\_\_\_\_\_\_\_ OT/OTA Professional License# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**