

STUDENT EVALUATION OF FIELDWORK EXPERIENCE

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

Purpose: This form is important feedback for your fieldwork educator, your faculty, and other students at your school.

Directions: Complete this Student Evaluation of Fieldwork Experience (SEFWE) form in ink prior to your final meeting with your fieldwork supervisor. Your supervisor, too, will have completed your student performance evaluation for review at this meeting. Share the completed SEFWE with your supervisor, and the form should be co-signed. One copy remains with the fieldwork site and one copy is returned to your educational program.

Part I: IDENTIFYING INFORMATION

Academic Program

Agency Name

Agency Address

Placement Dates: from _____ to _____

Order of Placement: 1 2 3 4 out of 1 2 3 4

Type of Fieldwork:

Specialty/Practice Area

Living Accommodations: *(include type, cost, location, condition)*

Part II: STRUCTURE OF FIELDWORK EDUCATION PROGRAM

A. Student Orientation

1. Was a formal orientation provided? Yes ____ No ____
2. If yes, indicate your view of the orientation by *checking* "satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

TOPIC	Adequate		Organized		Timely		NA
	S	I	S	I	S	I	
a. Staff introductions							
b. Physical facilities							
c. Agency/Department mission							
d. Organizational structure							
e. Agency services							
f. Agency/Department policies and procedures							
g. Role of Occupational Therapy services							
h. Role of other team members							
i. Documentation procedures							
j. Safety and emergency procedures							
k. Confidentiality							
l. Student fieldwork objectives							
m. Student supervision							
n. Community resources for service recipients							
o. Department model of practice							
p. Quality management program							
q. Requirements/assignments for students							
r. OSHA - Standard precautions							
s. Other							

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

B. Written and Oral Assignments

1. Indicate whether the following assignments were required by *checking* "Yes" or "No".

If required, indicate the approximate 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.

	REQUIRED		HOW MANY	EDUCATIONAL VALUE				
	Yes	No		1	2	3	4	5
a. Client/patient screening				1	2	3	4	5
b. Client/patient evaluations (Use specific names of evaluations)								
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
c. Written treatment/care plans				1	2	3	4	5
d. Discharge summary				1	2	3	4	5
e. Team meeting presentation				1	2	3	4	5
f. Inservice presentation				1	2	3	4	5
g. Case study				1	2	3	4	5
h. Quality/Outcome/Efficacy study				1	2	3	4	5
i. Activity analysis				1	2	3	4	5
j. Supervision of: aides, OTAs, Level I students, and volunteers				1	2	3	4	5
k. Other				1	2	3	4	5

2. Comments or suggestions regarding assignments:

C. Caseload Description

1. List approximate number of each age category in your caseload.

Age	Number
0-3 years old	
3-5 years old	
6-12 years old	
13-21 years old	
22-65 years old	
>65 years old	

2. List approximate number of each primary condition/problem/diagnosis in your caseload.

Condition/Problem	Number

3. List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Tx, or consultation. List other professionals involved.

Therapeutic Interventions	Group	Individual	Co-Tx	Consultation

4. Suggestions for change that would improve your learning experience.

5. Ending student caseload expectation: _____ # of clients per week or day
Ending student productivity expectation: _____ % per day (direct care)

PART III: SUPERVISION

A. List fieldwork educators who participated in your learning experience.

Name	Title	Frequency	Individual	Group
A.				
B.				
C.				
D.				

B. *Indicate the number* which seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

<p>1 = Strongly Disagree 2 = Disagree 3 = No opinion 4 = Agree 5 = Strongly agree</p>

FIELDWORK EDUCATOR:

	1	2	3	4	5
Approachable and interested in students					
Made student feel comfortable and part of the department					
Provided a positive role model of professional behavior in practice					
Taught knowledge and skills to facilitate learning process					
Presented clear explanations and expectations					
Encouraged student self-directed learning					
Facilitated student's clinical reasoning					
Reviewed written work in a timely manner					
Provided feedback in a timely manner					
Provided positive feedback regarding student's strengths					
Used constructive feedback to promote student development					
Adjusted responsibilities to facilitate student's growth					
Supervision changed as fieldwork progressed					
Encouraged student to provide feedback to fieldwork educator					
Model occupation-centered practice					

C. General comments on supervision: _____

PART IV: PROFESSIONAL RELATIONSHIPS

A. Check categories which were available during your experience, referring to the code.

	1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently			
	1	2	3	4
Collaboration between OT/OTA				
Networking with other professionals				
Networking with other OT students				
Networking with students from other disciplines				
Team approach to care				
Role modeling therapeutic relationships				
Additional educational opportunities (<i>specify</i>) _____ _____				
Expand knowledge of community resources				

B. Describe how any of the above professional relationships affected your learning experience.

B. What are the strongest aspects of your academic program relative to the needs of **THIS** Level II Fieldwork Experience? Be specific and include course references as appropriate.

C. Please give examples of how you were able to apply academic knowledge, such as theories or concepts, and/or skills to the practical application in this fieldwork setting.

D. What changes would you recommend in your academic program relative to the needs of **THIS** Level II Fieldwork Experience?

PART VI: SUMMARY

A.

1 = Strongly disagree
2 = Disagree
3 = No Opinion
4 = Agree
5 = Strongly agree
1 2 3 4 5

	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					
Supervisor supported student's professional development					
Supervisor explained clinical applications of knowledge					

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

C. Overall, what changes would you recommend in this Level II Fieldwork Experience?

PART VII: ADDITIONAL COMMENTS

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

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

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*

FW Educator's Name *(Please Print)*

Name of the Educational Program

Date

AOTA Commission on Education, Fieldwork Issues Committee
Amended and Approved by FWIC 11/99 and COE 3/00
Amended 4/00
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