

Ozarks Technical Community College
Occupational Therapy Assistant Program
Level II Fieldwork

WEEKLY TRACKING FORM

Date: _____ Week #: _____ Student: _____

Supervisor: _____ Fieldwork Site: _____

Daily hours worked (Times in and out):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total hours for the week:

Unfamiliar Diagnoses or treatments seen or worked with this week:

Resources used to feel competent:

Strengths this week:

Areas needing growth this week:

On week one: Write a short term goal(s) and an overall long term goal for this clinical:

On following weeks: Write new Short Term Goal(s) for this clinical as each are met. Address progress made on goal(s) from last week.

Goal(s) for next week:

Assignments from your clinical supervisor: List any weekly or major assignments

Meetings attended: Care plan meetings/staff meetings/etc

Concerns/Issues: About progress/supervision/competence/communication with others/incidents, etc.

Additional Comments: