Philadelphia Region Fieldwork Consortium  
Student Evaluation Of Level I Fieldwork

Student name__________________________  Site name: _________________________________________  Course number:____________

Supervisor name (print)__________________________  Credentials _______

Supervisor email address: _______________________________________________________


<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In-Patient Acute 1.1</td>
<td>☐ Peds Community 2.1</td>
<td>☐ Early Intervention 3.1</td>
<td>0-5</td>
</tr>
<tr>
<td>☐ In-Patient Rehab 1.2</td>
<td>☐ Behavioral Health Community 2.2</td>
<td>☐ School 3.2</td>
<td>6-12</td>
</tr>
<tr>
<td>☐ SNF/ Sub-Acute/ Acute Long-Term Care 1.3</td>
<td>☐ Older Adult Community Living 2.3</td>
<td>☐ Older Adult Day Program 2.4</td>
<td>13-21</td>
</tr>
<tr>
<td>☐ General Rehab Outpatient 1.4</td>
<td>☐ Outpatient/hand private practice 2.5</td>
<td>☐ Other area(s)</td>
<td>22-64</td>
</tr>
<tr>
<td>☐ Outpatient Hands 1.5</td>
<td>☐ Adult Day Program for DD 2.6</td>
<td>please specify:</td>
<td>65+</td>
</tr>
<tr>
<td>☐ Pediatric Hospital/Unit 1.6</td>
<td>☐ Home Health 2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Peds Hospital Outpatient 1.7</td>
<td>☐ Peds Outpatient Clinic 2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ In-Patient Psych 1.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1=Strongly Disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly agree

SUPERVISION
1. This was a well planned FW I program
2. Supervisor provided adequate orientation
3. There were regularly scheduled feedback sessions
4. Supervisor effectively provided positive reinforcement
5. Supervisor effectively provided constructive feedback
6. Supervisor provided opportunities to discuss background information on patients/clients
7. Supervisor provided opportunities to discuss application of OT to patients/clients
8. Individual serving as primary supervisor  1= OTR  2= COTA  3= OT student  4= Non-OT

EXPERIENCE OF OCCUPATIONAL THERAPY PROCESS
11. There was opportunity to experience the evaluation process
12. There was opportunity to experience occupation-based interventions
13. There was opportunity to experience purposeful interventions
14. There was opportunity to experience preparatory methods

FACILITY
20. The environment was conducive to learning
21. There were adequate opportunities to interface with patients/clients
22. Facility uses a client-centered approach to treatment
23. Should there be any additions to or deletions from the FWI program? Explain: [ ] Yes [ ] No

COMMENTS:
What factors **limit** active student participation with actual patients or clients in your setting?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

What factors **facilitate** active student participation with actual patients or clients in your setting?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Comments about this fieldwork experience:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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Student signature_________________________________________ Date_______

Supervisor signature_______________________________________ Date_______

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