STUDENT ASSESSMENT OF LEVEL I FIELDWORK

This form must be word processed by the student, then printed and signed by the student and fieldwork educator.

Students Name ___________________________ FACILITY ___________________________

DATES ___________________________

SUPERVISOR(S) ______________

1. Describe the facility orientation you received.

2. List the patient diagnoses you observed.

3. Describe your learning experiences (treatment, meetings, etc.)

4. Did the case load provide an adequate amount of variety of observational opportunities?

5. What skills did you practice that you have learned in class?

6. How often did you discuss your learning objectives, your performance and patient treatment with your supervisor?
7. My clinical supervisor:
   - Answered questions adequately yes no
   - Asked me questions and facilitated problem solving yes no
   - Was a good model to observe yes no
   - Allowed me to participate in therapeutic situations yes no
   - Communicated effectively with me yes no

8. What are the strengths of the site?

9. Additional Comments

Student Signature: ____________________________________________

Fieldwork Supervisor Signature: ________________________________