

Wisconsin Indianhead Technical College
Occupational Therapy Assistant
Fieldwork Handbook

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: _____