Wisconsin Indianhead Technical College
Occupational Therapy Assistant
Fieldwork Handbook

Week Two Review for the Fieldwork Student
Fieldwork IIA & IIB

Complete this form by the end of your second week of Fieldwork IIA and Fieldwork IIB. Your Fieldwork Educator(s) must sign the form. Return the completed form to your WITC Academic Fieldwork Coordinator. The form must be word processed. Email or USPS this form.

If you answer “no” to any question, please clarify. When your answer is “yes” give a brief description of the activity.

1. My orientation to the facility prepared me for my Fieldwork Experience. The orientation included facility policies and procedures.
   
   Yes   No

2. I know the assignments and expectations for this Fieldwork Experience.
   
   Yes   No

3. This fieldwork placement correlates with my academic program.
   
   Yes   No

4. I have been provided with adequate feedback regarding my performance.
   
   Yes   No

5. My Fieldwork Educator(s) is providing direct supervision as appropriate for the setting and the severity of the client’s conditions.
   
   Yes   No

6. I am aware of who my Fieldwork Educator(s) is and who to contact with any concerns/issues regarding this placement.
   
   Yes   No

Additional Comments:

Student Name (Printed): _________________________

Student Signature: _________________________ Date: __________

Supervisor(s) Name (Printed): _________________________

Supervisor(s) Signature: _________________________ Date: __________