

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
OCCUPATIONAL THERAPY ASSISTANT
STUDENT HANDBOOK

Improvement Plan For Fieldwork

Student's Name: _____

Date: _____

Instructor Name: _____

Course Title and Number: _____

Summary of events leading to the Improvement Plan:

Area of Concern:

Warning: _____

Failing: _____

Areas Needing Improvement:

Improvement Plan Strategies (Mutual):

Criteria for Evaluation: Must be measurable with a deadline.

Student Signature

Date

OTA Instructor Signature

Date

Note: This form will be completed when:

- 1. There are inconsistencies in the level of competency*
- 2. The student is not meeting the minimal level of competency*
- 3. There are identified concerns with safety or performance that is impacting client-centered care.*
- 4. There are identified concerns with professionalism.*
- 5. Performance or Behavior identified by the Fieldwork Educator as not meeting the facility required standard.*

A conference will be scheduled with the student, instructor and Program Director at which time the student and the instructor will sign this form. Signature of the student denotes the Improvement Plan has been reviewed with the student. A copy of the report will be provided to the student and the OTA Program Director (Becky Mika, OTR/L, MBA-HCA) within 7 days. A copy will also be maintained in the student file with the instructor.

Inability to meet the goals of the improvement plan will result in course failure or termination of fieldwork.