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LEVEL II FIELDWORK PLACEMENT ACKNOWLEDGEMENT FORM

I have received a copy of this manual and acknowledge responsibility for its content.

I have been given the dates specifying the deadlines for the submission of all paperwork.

I realize that handing in paperwork late or incomplete jeopardizes my fieldwork selection status.

I realize that I may not be given my preference in the selection of a placement site, but that my choices will be strongly considered.

_______________________________     ______________
Signature         Date

_______________________________
Print Name
FIELDWORK II PREFERENCE FORM

Name: ______________________      Date: _________

Please circle your response:

1. What pace of a work environment do you find you work best/are most comfortable in?

   5  4  3  2  1

   Fast pace    somewhat fast   relatively slow
   Acute care   rehab/outpatient/subacute   skilled nursing

2. Is there a difference in how you would answer question 1 based upon the population? Please describe below.

3. How much do you like to be challenged when you are learning something new?

   5  4  3  2  1

   Challenged a lot   somewhat challenged   little challenged
   Put on spot   demo (if possible) or coaching   always have demo

4. How flexible would you rate your work style?

   5  4  3  2  1

   Very flexible   somewhat flexible   not flexible

5. Do you have the New York City Department of Education Scholarship? YES/NO

6. Will you have access to a car for level II fieldwork? YES/NO

7. Please rank order your preferences for developmental range:

   Pediatrics _____
   Adults _____
   Older Adults _____

8. Please rank order your preferences for specialty practice areas:

   Pediatrics
   Mental Health Diagnoses _____
   UE/Hand Diagnoses _____

9. Please indicate any particular facilities that should be avoided in considering your placement due to a potential conflict of interest (e.g., previous employment, relative working at site, previous internship, etc.).
10. What do I consider to be my interpersonal strength and challenges?

11. In terms of OT content, in what areas am I most confident/comfortable and in which areas am I least comfortable?

12. Do I remember content taught in class during previous semesters?

13. Do I rely heavily on my classmates during group projects or case studies?

14. How would I describe my learning style?

15. What feedback have I received from my professors or fieldwork supervisors? Have I implemented the changes they have requested? If I am still working on some issues, what have I not yet changed?

16. Is there any other information that you feel we should know about you when matching you to a fieldwork site?
REQUEST FOR A NON-NY/NJ METROPOLITAN AREA PLACEMENT

Name: ______________________      Date: _________

1. I am requesting a fieldwork placement(s) out of the New York area for the following reasons:

2. I would like a placement in the following geographic location (specifically, which city, state, town, etc.):

3. My living arrangements: (check as many as apply)
   - _____staying with family
   - _____staying with friends
   - _____I'll find something! (Not sure) Please give further details:
   - _____living arrangement are confirmed
   - _____living arrangements are unconfirmed

4. Transportation to and from fieldwork: (check as many as apply)
   - _____will use public transportation
   - _____will drive a car
   - _____will be within walking/biking distance

5. My grade point average is: ______, as of ___________.

The NYU OT Fieldwork staff does their best to honor all out of non-NY/NJ Metropolitan area requests however there are no guarantees that their efforts will result in secured fieldwork placement. All students should have a standby plan to stay in the NY/NJ Metropolitan area in the event that a placement is not procured.
NEW YORK UNIVERSITY
METROPOLITAN OCCUPATIONAL THERAPY EDUCATIONAL COUNCIL

Level II Fieldwork
Personal Data Sheet

Personal Information

Name: _________________________________ Phone: _________________________

Address: _______________________________ Email: __________________________

________________________________________
(City, State, Zip)

Name, address and telephone number of person of person to be notified in case of accident or illness:

Name: _______________________________________________________________________

Address: _____________________________________________________________________

Home Phone: _________________________________________________________________

Work Phone: __________________________________________________________________

Cell Phone: ___________________________________________________________________

Previous Work/Volunteer Experience:


Education Information

1. Anticipated date of graduation___________

2. Previous colleges or universities attended:

   College: ____________           Graduation Date: ____________

   Degree(s) obtained: ________________________________________________________

3. Foreign languages:

   Read: ___________           Spoken: _________________________
Health Information

1. Do you have health insurance?______________________________________________

   Name of Company:_________________________________________________________

   Group Number:____________________________________________________________

   Subscriber Number:________________________________________________________

2. (Optional) Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork?  Yes____ No____ If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork?  To promote your successful accommodation, it should be discussed and documented before each fieldwork experience.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. Previous Fieldwork Experience:

<table>
<thead>
<tr>
<th>Level I FW Dates</th>
<th>Facility Name</th>
<th>Disability Area</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Indicate below what you are looking for in this Level II fieldwork experience:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
What are your strengths?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What areas would you like to work on for your continued growth?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is your learning style?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are your special skills or interests?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Write a brief statement which will serve as your introduction to this fieldwork site and staff.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Release by Student:

Student Signature ____________________________ Date ____________________________
Date: ____________

Dear FW Educator,

Thank you for supervising NYU student__________________________ for Level I / II (please circle) fieldwork during the following time frame__________ (dates).

Please check the boxes to indicate that you received the following on the student’s first date of fieldwork:

- Mission of the NYU Steinhardt, Department of Occupational Therapy
- Curriculum Sequence and Threads
- Collaborative Fieldwork Objective Checklist
- Fieldwork Manual
- All Required Midterm & Final Evaluation Documents. You should also have set the due dates with your student (LEVEL I ONLY)
- The name and contact information of your student’s seminar instructor (LEVEL I ONLY)

Please sign below to indicate that__________________________ was prepared for the first day of fieldwork by completing your pre-fieldwork requirements.

________________________________________
Signature

________________________________________
Print your name here

________________________________________
Email and Phone Number

________________________________________
Name of Fieldwork Site

Thank you so much for your willingness to host an NYU Fieldwork student!

Best,

Alison M. Rangel-Padilla, MS, OTR/L
Academic Fieldwork Coordinator
STUDENT PROGRESS REPORT/STUDENT SURVEY OF CURRICULUM-CLINICAL FIT

We need your input on the relevance of our curriculum to the experiences you have in each of your clinical experiences. The Academic Fieldwork Coordinator must receive two (2) copies of this report (before midterm and after midterm) by the conclusion of your fieldwork, or your grade for Fieldwork II will not be posted.

NEW YORK UNIVERSITY
DEPARTMENT OF OCCUPATIONAL THERAPY
82 WASHINGTON SQUARE EAST, 6th FLOOR
NEW YORK, NY 10003

Name _________________________________________________________ Date ___________________________
Facility __________________________________________________________________________________________

This is my:  (circle one)  1st  2nd  3rd Fieldwork II experience.

This is my:  (circle one)  mid-term          final  Student Progress report.

1) An example of how I applied the value of occupation during a treatment intervention in this setting was:
________________________________________________________________________________________________
________________________________________________________________________________________________

________________________________________________________________________________________________

2) I have integrated the principles of cultural sensitivity and/or disability prevention during my fieldwork specifically in the following ways:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

3) During this fieldwork, I have had the opportunity to take personal responsibility for continued learning and independent study through the following activities:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

4) An example of my use of client centered practice on this fieldwork is:
________________________________________________________________________________________________
________________________________________________________________________________________________

5) An example of my use of evidence practice during this fieldwork is:
________________________________________________________________________________________________
________________________________________________________________________________________________

6) An example of recommending or implementing a change in the context or in the environment for the client on this fieldwork is:
________________________________________________________________________________________________
________________________________________________________________________________________________
7) On this fieldwork I have had the opportunity to explore multiple ways to solve and resolve a clinical or administrative issue an example of which is:

________________________________________________________________________________________________
________________________________________________________________________________________________

8) A leadership role I took during this fieldwork is:

________________________________________________________________________________________________
________________________________________________________________________________________________

9) I was able to advocate occupational therapy in this setting or the community during this fieldwork by:

________________________________________________________________________________________________
________________________________________________________________________________________________

10) I worked collaboratively with:

________________________________________________________________________________________________
________________________________________________________________________________________________

11) Describe how you are integrating psychosocial factors for the development of client-centered, meaningful, occupation-based outcomes, no matter your practice setting (e.g., pediatrics, rehab, acute, mental health, etc.).

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

12) I have developed the following professional goals based on this experience:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

13) My clinical responsibilities involve working with patients/clients presently consists of:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

14) Regarding “student projects,” the following tasks are expected of me:

________________________________________________________________________________________________
________________________________________________________________________________________________

15) Have theories of practice been articulated clearly by clinicians at this site?

________________________________________________________________________________________________
________________________________________________________________________________________________

16) I have been able to learn the application of theory to clinical practice in the following ways:

________________________________________________________________________________________________
________________________________________________________________________________________________

18) I am taking responsibility for my learning by:

________________________________________________________________________________________________
________________________________________________________________________________________________
19) I need further support from the Academic Fieldwork Coordinator to help me to:

________________________________________________________________________________________________
________________________________________________________________________________________________

20) What advice would you give future students wishing to complete a level II placement at this site?

________________________________________________________________________________________________
________________________________________________________________________________________________

21) **OPTIONAL:** I also wanted to tell you that:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

21) This letter may be used to inform 1st year students about this facility. _____YES _____NO

22) Overall everything is:

- [ ] G-R-E-A-T!
- [ ] ALMOST GREAT
- [ ] SATISFACTORY
- [ ] IMPROVING
- [ ] SLOWLY IMPROVING
- [ ] (TERRIBLE)

23) For the next year, 1st year students can phone me. _____YES _____NO YEAR _____.

24) I can be reached at ____________________________ (daytime)

25) I can be reached at ____________________________ (evenings)
# Fieldwork Performance Evaluation

For The Occupational Therapy Student

<table>
<thead>
<tr>
<th>Fieldwork Performance Evaluation</th>
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<tbody>
<tr>
<td><strong>MS./MR.:</strong></td>
</tr>
<tr>
<td><strong>NAME:</strong>  (LAST) (FIRST) (MIDDLE)</td>
</tr>
<tr>
<td><strong>COLLEGE OR UNIVERSITY</strong></td>
</tr>
</tbody>
</table>

**FIELDWORK SETTING:**

**NAME OF ORGANIZATION/FACILITY**

**ADDRESS:**  (STREET OR PO BOX)

**CITY** **STATE** **ZIP**

**TYPE OF FIELDWORK**

**ORDER OF PLACEMENT:** 1 2 3 4 OUT OF 1 2 3 4

**FROM:**

**TO:**

**DATES OF PLACEMENT**

**NUMBER OF HOURS COMPLETED**

**FINAL SCORE**

**PASS:** ______________  **NO PASS:** ______________

**SUMMARY COMMENTS:**

(Addresses Student’s Clinical Competence)

---

AOTA grants permission to photocopy the *Fieldwork Performance Evaluation for the Occupational Therapy Student* for training purposes only. Training purposes encompass using the FWPE forms in student notebooks and training manuals for clinical fieldwork sites, in training sessions for practitioners on the proper use and scoring of the forms, and for students to complete a self-analysis during their fieldwork training. Permission to use the forms must be submitted to copyright@aota.org
Fieldwork Performance Evaluation
For The Occupational Therapy Student

This evaluation is a revision of the 1987 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapist and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Student is to measure entry-level competence of the occupational therapy student. The evaluation is designed to differentiate the competent student from the incompetent student and is not designed to differentiate levels above entry level competence. For further clarification on entry-level competency refer to the Standards of Practice for Occupational Therapy.

The evaluation is designed to measure the performance of the occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. This evaluation reflects the 1998 Accreditation Council for Occupational Therapy Education Standards and the National Board for Certification in Occupational Therapy, Inc. Practice Analysis results. In addition, this evaluation allows students to evaluate their own strengths and challenges in relation to their performance as an occupational therapist.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

The Fieldwork Performance Evaluation is intended to provide the student with an accurate assessment of his/her competence for entry-level practice. Both the student and fieldwork educator should recognize that growth occurs over time. The midterm and final evaluation scores will reflect development of student competency and growth. In order to effectively use this evaluation to assess student competence, site-specific objectives need to be developed. Utilize this evaluation as a framework to assist in ensuring that all key performance areas are reflected in the site-specific objectives.

Using this evaluation at midterm and final, it is suggested that the student complete a self-evaluation of his/her own performance. During the midterm review process, the student and fieldwork educator should collaboratively develop a plan, which would enable the student to achieve entry-level competence by the end of the fieldwork experience. This plan should include specific objectives and enabling activities to be used by the student and fieldwork educator in order to achieve the desired competence.

The Fieldwork Educator must contact the Academic Fieldwork Coordinator when: (1) a student exhibits unsatisfactory behavior in a substantial number of tasks or (2) a student's potential for achieving entry-level competence by the end of the affiliation is in question.

DIRECTIONS FOR RATING STUDENT PERFORMANCE

• There are 42 performance items.
• Every item must be scored, using the one to four point rating scale (see below).
• The rating scales should be carefully studied prior to using this evaluation. Definitions of the scales are given at the top of each page.
• Circle the number that corresponds to the description that best describes the student's performance.
• The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience. If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on her/his performance.
• Record midterm and final ratings on the Performance Rating Summary Sheet.
• Compare overall midterm and final score to the scale below.

OVERALL MIDTERM SCORE

Satisfactory Performance .................. 90 and above
Unsatisfactory Performance ................ 89 and below

OVERALL FINAL SCORE

Pass ............................................ 122 points and above
No Pass ....................................... 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.

3 — Meets Standards: Performance is consistent with entry-level practice. The rating is infrequently given at midterm and is a strong rating at final.

2 — Needs improvement: Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.

1 — Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.
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II. BASIC TENETS:

4. Clearly and confidently articulates the values and beliefs of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
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</table>

5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
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<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
</table>

6. Clearly, confidently, and accurately communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, colleagues, service providers, and the public.

<table>
<thead>
<tr>
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<tr>
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<td>1 2 3 4</td>
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7. Collaborates with client, family, and significant others throughout the occupational therapy process.

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<thead>
<tr>
<th>Rating</th>
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<th>Final</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Comments on strengths and areas for improvement:

- Midterm

- Final

I. FUNDAMENTALS OF PRACTICE:

All items in this area must be scored at a #3 or above on the final evaluation in order to pass fieldwork.

1. Adheres to ethics: Adheres consistently to the American Occupational Therapy Association Code of Ethics and site’s policies and procedures including when relevant, those related to human subject research.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Midterm</th>
<th>Final</th>
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<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</table>

2. Adheres to safety regulations: Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Midterm</th>
<th>Final</th>
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<tr>
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<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</table>

3. Uses judgment in safety: Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

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<tr>
<th>Rating</th>
<th>Midterm</th>
<th>Final</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Comments on strengths and areas for improvement:

- Midterm

- Final
RATING SCALE FOR STUDENT PERFORMANCE

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III. EVALUATION AND SCREENING:

8. Articulates a clear and logical rationale for the evaluation process.
   Midterm 1 2 3 4
   Final 1 2 3 4

9. Selects relevant screening and assessment methods while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
   Midterm 1 2 3 4
   Final 1 2 3 4

10. Determines client's occupational profile and performance through appropriate assessment methods.
    Midterm 1 2 3 4
    Final 1 2 3 4

11. Assesses client factors and context(s) that support or hinder occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

12. Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
    Midterm 1 2 3 4
    Final 1 2 3 4

13. Administers assessments in a uniform manner to ensure findings are valid and reliable.
    Midterm 1 2 3 4
    Final 1 2 3 4

14. Adjusts/modifies the assessment procedures based on clients' needs, behaviors, and culture.
    Midterm 1 2 3 4
    Final 1 2 3 4

IV. INTERVENTION:

15. Interprets evaluation results to determine client's occupational performance strengths and challenges.
    Midterm 1 2 3 4
    Final 1 2 3 4

16. Establishes an accurate and appropriate plan based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice.
    Midterm 1 2 3 4
    Final 1 2 3 4

17. Documents the results of the evaluation process that demonstrates objective measurement of client's occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm
- Final

18. Articulates a clear and logical rationale for the intervention process.

- Midterm
- Final

19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.

- Midterm
- Final
20. **Chooses occupations** that motivate and challenge clients.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

21. **Selects relevant occupations** to facilitate clients meeting established goals.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

22. **Implements intervention plans** that are client-centered.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

23. **Implements intervention plans** that are occupation-based.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

24. **Modifies task approach, occupations, and the environment** to maximize client performance.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

25. **Updates, modifies, or terminates the intervention plan** based upon careful monitoring of the client's status.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

26. **Documents client's response** to services in a manner that demonstrates the efficacy of interventions.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

Comments on strengths and areas for improvement:
- Midterm

V. **MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES**:

27. **Demonstrates through practice or discussion the ability to assign appropriate responsibilities** to the occupational therapy assistant and occupational therapy aide.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

28. **Demonstrates through practice or discussion the ability to actively collaborate** with the occupational therapy assistant.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

29. **Demonstrates understanding of the costs and funding related to occupational therapy services at this site**.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

30. **Accomplishes organizational goals** by establishing priorities, developing strategies, and meeting deadlines.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

31. **Produces the volume of work required in the expected time frame**.
   - Midterm: 1, 2, 3, 4
   - Final: 1, 2, 3, 4

Comments on strengths and areas for improvement:
- Midterm
- Final
RATING SCALE FOR STUDENT PERFORMANCE

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VI. COMMUNICATION:

32. Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

33. Produces clear and accurate documentation according to site requirements.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

34. All written communication is legible, using proper spelling, punctuation, and grammar.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

35. Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

VII. PROFESSIONAL BEHAVIORS:

36. Collaborates with supervisor(s) to maximize the learning experience.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

38. Responds constructively to feedback.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

40. Demonstrates effective time management.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

41. Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

42. Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
   Midterm: 1 2 3 4
   Final: 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final
<table>
<thead>
<tr>
<th>Performance Items</th>
<th>Midterm Ratings</th>
<th>Final Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. FUNDAMENTALS OF PRACTICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adheres to ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adheres to safety regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses judgment in safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>II. BASIC TENETS OF OCCUPATIONAL THERAPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Articulates values and beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Articulates value of occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Communicates role of occupational therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Collaborates with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>III. EVALUATION AND SCREENING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Articulates clear rationale for evaluation</td>
<td></td>
<td></td>
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<tr>
<td>9. Selects relevant methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Determines occupational profile</td>
<td></td>
<td></td>
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<tr>
<td>11. Assesses client and contextual factors</td>
<td></td>
<td></td>
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<tr>
<td>12. Obtains sufficient and necessary information</td>
<td></td>
<td></td>
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<tr>
<td>13. Administers assessments</td>
<td></td>
<td></td>
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<tr>
<td>14. Adjusts/modifies assessment procedures</td>
<td></td>
<td></td>
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<tr>
<td>15. Interprets evaluation results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Establishes accurate plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Documents results of evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IV. INTERVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Articulates clear rationale for intervention</td>
<td></td>
<td></td>
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<tr>
<td>19. Utilizes evidence to make informed decisions</td>
<td></td>
<td></td>
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<tr>
<td>20. Chooses occupations that motivate and challenge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Selects relevant occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Implements client-centered interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Implements occupation-based interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Modifies approach, occupation, and environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Updates, modifies, or terminates intervention plan</td>
<td></td>
<td></td>
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<tr>
<td>26. Documents client's response</td>
<td></td>
<td></td>
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<tr>
<td><strong>V. MANAGEMENT OF OT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Demonstrates ability to assign through practice or discussion</td>
<td></td>
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<tr>
<td>28. Demonstrates ability to collaborate through practice or discussion</td>
<td></td>
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<tr>
<td>29. Understands costs and funding</td>
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<td></td>
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<tr>
<td>30. Accomplishes organizational goals</td>
<td></td>
<td></td>
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<tr>
<td>31. Produces work in expected time frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VI. COMMUNICATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Communicates verbally and nonverbally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Produces clear documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Written communication is legible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Uses language appropriate to recipient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VII. PROFESSIONAL BEHAVIORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Collaborates with supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Takes responsibility for professional competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Responds constructively to feedback</td>
<td></td>
<td></td>
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<tr>
<td>39. Demonstrates consistent work behaviors</td>
<td></td>
<td></td>
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<tr>
<td>40. Demonstrates time management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Demonstrates positive interpersonal skills</td>
<td></td>
<td></td>
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<tr>
<td>42. Demonstrates respect for diversity</td>
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</tr>
</tbody>
</table>

**TOTAL SCORE**

**MIDTERM:**
- Satisfactory Performance ............... 90 and above
- Unsatisfactory Performance ............. 89 and below

**FINAL:**
- Pass .................................................. 122 points and above
- No Pass ............................................. 121 points and below
REFERENCES

GLOSSARY
Client Factors: Those factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures
• body functions (a client factor, including physical, cognitive, psychosocial aspects)—“the physiological function of body systems (including psychological functions)” (WHO, 2001, p.10)
• body structures—“anatomical parts of the body such as organs, limbs and their components [that support body function]” (WHO, 2001, p.10)
(Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639)\(^5\)

Code of Ethics: Refer to www.aota.org/general/coe.asp

Collaborate: To work together with a mutual sharing of thoughts and ideas (ACOTE Glossary)

Competency: Adequate skills and abilities to practice as an entry-level occupational therapist or occupational therapy assistant

Context: Refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal and virtual.
(Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639)\(^5\)

Efficacy: Having the desired influence or outcome (from Neistadt and Crepeau, eds. Willard & Spackman’s Occupational Therapy, 9th edition, 1998)

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Evidence-based Practice: “Conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based [health care] means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett and colleagues, Evidence-based medicine: How to practice and teach EBM, 1997, p. 2) (From the Mary Law article “Evidence-Based Practice: What Can It Mean for ME?”, www.aota.org)

Occupation: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy. (Townsend, ed., 1997, Enabling Occupation: An Occupational Therapy Perspective, p.181)

Occupational Performance: The result of a dynamic, interwoven relationship between persons, environment, and occupation over a person’s lifespan; the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community. (Townsend, ed., 1997, Enabling Occupation: An Occupational Therapy Perspective, p.181)

Occupational Profile: A profile that describes the client’s occupational history, patterns of daily living, interests, values and needs. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639)\(^5\)

Spiritual: (a context) The fundamental orientation of a person’s life; that which inspires and motivates that individual. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639)\(^5\)

Theory: “An organized way of thinking about given phenomena. In occupational therapy the phenomenon of concern is occupational endeavor. Theory attempts to (1) define and explain the relationships between concepts or ideas related to the phenomenon of interest, (2) explain how these relationships can predict behavior or events, and (3) suggest ways that the phenomenon can be changed or controlled. Occupational therapy theory is concerned with four major concepts related to occupational endeavor: person, environment, health, and occupation” (Neistadt and Crepeau, eds., Willard & Spackman’s Occupational Therapy, 9th ed., 1998, p. 521)
STUDENT EVALUATION OF FIELDWORK EXPERIENCE
THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

Purpose: This form is important feedback for your Fieldwork educator, your faculty, and other students at your school.

Directions: Complete this Student Evaluation of Fieldwork Experience (SEFWPE) form typed up prior to your final meeting with your Fieldwork supervisor. Your supervisor too will have completed your student performance evaluation for review at this meeting. Share the completed SEFWPE with your supervisor, and the form should be co-signed. One copy remains with the Fieldwork site and one copy is returned to your educational program.

Part I: IDENTIFYING INFORMATION

Academic Program: NYU Steinhardt Professional Program

Agency Name _______________________________________________________

Agency Address ______________________________________________________

Placement Dates: from ______________________ to _________________________

Order of Placement 1 2 3 4 out of 1 2 3 4

Type of Fieldwork _______________________________________ Specialty/Practice Area

Living Accommodations: (include type, cost, location, condition)
Part II: STRUCTURE OF FIELDWORK EDUCATION PROGRAM

A. Student Orientation

1. Was a formal orientation provided?  Yes ___ No ___

2. If yes, indicate your view of the orientation by checking “satisfactory” (S) or “Needs Improvement” (I) regarding the three factors of adequacy, organization, and timeliness.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Adequate</th>
<th>Organized</th>
<th>Timely</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Staff introductions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Physical facilities</td>
<td></td>
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<tr>
<td>c. Agency/Department mission</td>
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<tr>
<td>d. Organizational structure</td>
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<tr>
<td>e. Agency services</td>
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<tr>
<td>f. Agency/Department policies and procedures</td>
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<tr>
<td>g. Role of Occupational Therapy services</td>
<td></td>
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<tr>
<td>h. Role of other team members</td>
<td></td>
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<tr>
<td>i. Documentation procedures</td>
<td></td>
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<tr>
<td>j. Safety and emergency procedures</td>
<td></td>
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<td></td>
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<tr>
<td>k. Confidentiality</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>l. Student Fieldwork objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Student supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>n. Community resources for service recipients</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>o. Department model of practice</td>
<td></td>
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<td></td>
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<tr>
<td>p. Quality management program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Requirements/assignments for students</td>
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<tr>
<td>r. OSHA – standard precautions</td>
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<tr>
<td>s. Other</td>
<td></td>
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</tr>
</tbody>
</table>

3. Comments or suggestions regarding your orientation to this fieldwork placement:
B. Written and Oral Assignments

1. Indicate whether the following assignments were required by checking "Yes" or "No".

   If required, indicate the approximate number you did; also indicate their value to your learning experience by circling the appropriate number, with #1 being least valuable and #5 being the most valuable.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>REQUIRED</th>
<th>HOW MANY</th>
<th>EDUCATIONAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Client/patient screening</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. Client/patient evaluations (Use specific names of evaluations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>f.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>g.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>h.</td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>i.</td>
<td></td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>j.</td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>k.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>l. Written treatment plans</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>m. Discharge summary</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>n. Team meeting presentation</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>o. Inservice presentation</td>
<td></td>
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<td>1 2 3 4 5</td>
</tr>
<tr>
<td>p. Case study</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>q. Quality/Outcome/Efficacy study</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>r. Activity analysis</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>s. Supervision of: aides, OTAs, Level I students, and volunteers</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>t. Other</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

2. Comments and suggestions regarding assignments:
C. Caseload Description

1. List appropriate number of each age category in your caseload

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 years old</td>
<td></td>
</tr>
<tr>
<td>3-5 years old</td>
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<tr>
<td>6-12 years old</td>
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<td>13-21 years old</td>
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<tr>
<td>22-65 years old</td>
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<tr>
<td>&gt;65 years old</td>
<td></td>
</tr>
</tbody>
</table>

2. List approximate number of each primary category in caseload

<table>
<thead>
<tr>
<th>Condition/Problem</th>
<th>Number</th>
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<tbody>
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</tbody>
</table>

3. List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Tx, or consultation. List other professionals involved.

<table>
<thead>
<tr>
<th>Therapeutic</th>
<th>Group</th>
<th>Individual</th>
<th>Co-Tx</th>
<th>Consultation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
4. Suggestions for change that would improve your learning experience.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

5. Ending student case load expectation: ____ # of client per week or day
Ending student productivity expectation: ____ % per day (direct care)
Part III: SUPERVISION

A. **List fieldwork educators**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Frequency</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>B.</td>
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<tr>
<td>C.</td>
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<tr>
<td>D.</td>
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</tbody>
</table>

B. **Indicate** which seems descriptive of each Fieldwork educator. Please make a copy of this page for each individual.

1 = Strongly disagree  
2 = Disagree  
3 = Somewhat disagree  
4 = Somewhat agree  
5 = Agree  
6 = Strongly agree

**FIELDWORK EDUCATOR:**

<table>
<thead>
<tr>
<th>Approachable and interested in students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made student feel comfortable and part of the department</td>
</tr>
<tr>
<td>Provided positive role model of professional behavior and practice</td>
</tr>
<tr>
<td>Taught knowledge and skills to facilitate learning process</td>
</tr>
<tr>
<td>Presented clear explanations and expectations</td>
</tr>
<tr>
<td>Encouraged student self-directed learning</td>
</tr>
<tr>
<td>Facilitated student’s clinical reasoning</td>
</tr>
<tr>
<td>Reviewed written work in a timely manner</td>
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<tr>
<td>Provided feedback in a timely manner</td>
</tr>
<tr>
<td>Provided positive feedback regarding student’s strengths</td>
</tr>
<tr>
<td>Used constructive feedback to promote student development</td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student’s growth</td>
</tr>
<tr>
<td>Supervision changed as Fieldwork progressed</td>
</tr>
<tr>
<td>Encouraged student to provide feedback to Fieldwork educator</td>
</tr>
<tr>
<td>Model occupation-centered practice</td>
</tr>
</tbody>
</table>
C. General comments on supervision: ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
## Part IV: PROFESSIONAL RELATIONSHIPS

A. **Check** the categories which were available during your experience, referring to the code.

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<tr>
<th></th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Collaboration between OT/OTA</td>
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<tr>
<td>Networking with other professionals</td>
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<tr>
<td>Networking with other OT students</td>
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<tr>
<td>Networking with students from other disciplines</td>
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<tr>
<td>Team approach to care</td>
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<tr>
<td>Role modeling therapeutic relationships</td>
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<tr>
<td>Additional educational opportunities (specify)</td>
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<tr>
<td>Expand knowledge of community resources</td>
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</tbody>
</table>

B. **Describe how any of the above professional relationships affected your learning experience**
Part V: SUMMARY

A.

<table>
<thead>
<tr>
<th>Expectations of Fieldwork experience were clearly defined</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expectations were challenging but not overwhelming</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Experiences supported student’s professional development</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Experiences matched student’s expectations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervisor supported student’s professional development</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervisor explained clinical applications of knowledge</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

B. What particular qualities of personal performance skills do you feel a student should have to function successfully on this Fieldwork placement?

C. Overall, what changes would you recommend in this Level II Fieldwork Experience?
Part VI: ADDITIONAL COMMENTS

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

We have mutually shared information and classified this Student Evaluation of Fieldwork Experience report

Student's Signature

FW Educator's Signature

Student's Name (Please Print)

FW Educator's Name (Please Print)

NYU Professional Program

Name of the Educational program

Date

AOTA Commission of Education, Fieldwork Issues Committee
Amended and Approves by FWIC 11/99 and COE 3/00
Amended 4/00