

Occupational Therapy Program

Level II OTS Fieldwork Weekly Supervision Form



Student information:	
Student name: _____	Date: _____
Fieldwork Educator #1: _____	Week #: _____ of _____
Fieldwork Educator #2: _____	Week #: _____ of _____
Fieldwork Site: _____	

Fundamentals/Basic Tenets of Practice	
<u>Areas of Strength</u>	<u>Areas of Need</u>

Evaluation and Screening	
<u>Areas of Strength</u>	<u>Areas of Need</u>

Intervention	
<u>Areas of Strength</u>	<u>Areas of Need</u>

Management of OT Services	
<u>Areas of Strength</u>	<u>Areas of Need</u>

Communication/Professional Behaviors	
<u>Areas of Strength</u>	<u>Areas of Need</u>

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Plan

- **Goal**
 - Must be objective and measurable
- **Strategies to Achieve Each Goal**
 - Must be detailed

Fieldwork Schedule Revisions:

What aspects of supervision were helpful to you this week? ¹

What do you need more of from our supervision next week? ¹

Date of Next Meeting:

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Signatures:

Student Signature:		Date:	
FW Educator #1 Signature:		Date:	
FW Educator #2 Signature:		Date:	

¹ Questions adapted from D. Costa by Sheila Moyle, OTD, OTR/L and Bridget Trivinia, OTD, MS, OTR/L
03/2017