

STUDENT EVALUATION OF FIELDWORK EXPERIENCE

Thomas Jefferson University

Instructions to the student:

1. **Complete** this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form prior to your final meeting with your fieldwork educator(s). The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.
2. **Provide** both hard copy and electronic copy to your FW educator (they should be identical). It is imperative that you **review** the form with your supervisor and that both parties sign on page 1.
3. **Upload** the completed word file to Canvas and keep a copy for yourself. This information may be reviewed by future students in the TJU Department of Occupational Therapy.

Instructions to the Fieldwork Educator:

The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive. Please review and sign, so that the student can submit the evaluation to the University.

FIELDWORK SITE:

- 1st Level II FW
 2nd Level II FW

PLACEMENT DATES: From: _____ To: _____

ADDRESS: _____

Please write your email address here if you don't mind future students contacting you to ask you about your experience at this site: _____

We have mutually shared and clarified this Student Evaluation of Fieldwork Experience report.

 Student's Name *(please print)*

 FW Educator Name/Credentials *(please print)*

 Student's Signature

 FW Educator Signature

OT Fieldwork Practice Settings (check all that apply):

Hospital-based settings

- In-Patient Acute 1.1
- In-Patient Rehab 1.2
- SNF/Sub-Acute 1.3
- Nursing Home/LTC 1.3.1
- General Rehab Outpt 1.4
- Work Program/Hardening 1.4.1
- Outpt Hands 1.5
- Pediatric Hospital In-Patient 1.6
- Pediatric Hospital Outpt 1.7
- In-Patient Mental Health 1.8
- Forensic 1.8.1

Community-based settings

- Pediatric Community 2.1
- Mental Health Community 2.2
- Older Adult Community Living 2.3
- Older Adult Day Program 2.4
- Outpt General Private Practice 2.5
- Outpt Hand Private Practice 2.5.1
- Adult Day Program for DD 2.6
- Home Health 2.7
- Pediatric Outpatient Clinic 2.8

School-based settings

- Early Intervention 3.1
 - School 3.2
- Other Area(s):**
- Assistive Technology 4.1
 - Residential - Non Elderly 4.2
- Please specify: _____

Age Groups

- 0-3 yrs
- 3-5 yrs
- 6-12 yrs
- 13-21 yrs
- Adult
- Older Adult

ORIENTATION

Indicate your view of the orientation by checking "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

TOPIC	Adequate		Organized		Timely		NA
	S	I	S	I	S	I	
1. Site-specific fieldwork objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student supervision process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Requirements/assignments for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student schedule (daily/weekly/monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff introductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overview of physical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Agency/Department mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overview of organizational structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Services provided by the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Agency/Department policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Role of other team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Documentation procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Safety and emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Confidentiality/HIPPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. OSHA – Standard precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Community resources for service recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Department model of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Role of Occupational Therapy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Methods for evaluating OT services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or suggestions regarding your orientation to this fieldwork placement:

CASELOAD

List approximate number of each age category in your caseload.

Age	Number (Not %)
0-3 years old	
3-5 years old	
6-12 years old	
13-21 years old	
22-65 years old	
>65 years old	

List approximate number of each primary condition/problem/diagnosis in your caseload

Condition/Problem	Number (Not %)

OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by *checking* the number, with #1 being least valuable and #5 being the most valuable.

	REQUIRED		HOW MANY	EDUCATIONAL VALUE				
	Yes	No		1	2	3	4	5
1. Client/patient screening	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Written treatment/care plans	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Discharge summary	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the approximate number of times you have utilized the following assessments.

Areas of Occupation		Developmental-Pediatric		
Areas of Occupation	Canadian Occ. Perform. Measure (COPM)		Bruininks-Oseretsky Test-2 (BOT-2)	
	DASH/Quick DASH		Children's Asses of Part & Enjoy (CAPE)	
	Functional Independence Measure (FIM)		Children's Occupational Self Assessment	
	Kitchen Task Assessment		Developmental Test of Visual Perception	
	Occ. Performance History Interview		Early Coping Inventory	
	Occupational Self Assessment		Gardner DVPT: Motor/Non-Motor	
	Self-Assessment of Occ. Functioning		Hawaii Early Learning Profile (HELP)	
	Other:		Miller Function and Part. Scale (M-FUN)	
Sensory Motor-Perceptual			Peabody Developmental Motor Scale	
	Asworth Scale (Tone)		Pediatric Evaluation of Disability (PEDI)	
	Assessment of Motor and Perceptual Skills		Piers Harris Self Concept Scale	
	Beery Visual Motor Integration Test (VMI)		Preference for Activities of Children (PAC)	
	Bennett Hand Tool Test		School of Function Assessment (SFA)	
	Box and Block		Sensory Processing Measure (SPM)	
	BTE		Sensory Profile	
	Dynamometer (grip)		Social Skills Rating/Improvement System	
	Goniometry		WeeFIM	
	Jebson Hand Function Test		Other:	
	Manual Muscle Testing		Cognitive- Psychosocial	Allen Cognitive Level Screening:
	Minnesota Rate of Manipulation			Allen Diagnostic Module
	Motor-Free Visual Percep Test (MVPT-3)			Cognistat
	Moberg Pick Up Test			Cognitive Assessment of Minnesota
	Nine Hole Peg Test			Coping Inventory
	Pain Scale			Harter Self Perception Profile
	Pinch Dynamometer			Kohlman Evaluation of Living Skills
	Purdue Peg Test			LOTCA
	Semmes-Weinstein Monofilament			Middlesex Elderly Assess of Mental State
	Valpar 9			Mini Mental State:
Volumeter:		Montreal Cognitive Assessment (MOCA)		
Other:		Routine Task Inventory		
		Other:		

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

THERAPEUTIC INTERVENTIONS	Individual	Group	Co-Tx	Consultation
Occupation-based activity, i.e. play, shopping, ADL, IADL, work, school activities, etc (within client's own context with their goals)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposeful Activity (therapeutic context leading to occupation)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory methods, i.e. sensory, PAM's, splinting, exercise, etc (preparation for occupation-based activity)				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THEORY – FRAMES OF REFERENCE – MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used.

	Never	Rarely	Occasionally	Frequently
Model of Human Occupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation Adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecology of Human Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-Environment-Occupation Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biomechanical Frame of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Frame of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurodevelopmental Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Disability Frame of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Learning Frame of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1=not valuable, 5=very valuable).

ASSIGNMENT	1	2	3	4	5	N/A
Case-study applying the Practice Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based practice presentation Topic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revision of site-specific fieldwork objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program development Topic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service/Presentation Topic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Topic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ASPECTS OF THE ENVIRONMENT	2 = Occasionally 3 = Frequently 4 = Consistently				
	1	2	3	4	
Staff and administration demonstrated cultural sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Practice Framework was integrated into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student work areas/supplies/equipment were adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to collaborate with and/or supervise OT's, OTA's, and/or aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to network with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to interact with other OT students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to interact with students from other disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff used a team approach to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to observe role modeling of therapeutic relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to expand knowledge of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to participate in research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional educational opportunities (please specify):					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How would you describe the pace of this setting?	<input type="checkbox"/> Slow		<input type="checkbox"/> Medium		<input type="checkbox"/> Fast
Types of documentation used in this setting:					
Ending student caseload expectation:	# of clients per week or day.				
Ending student productivity expectation:	% per day (direct care).				

SUPERVISION

What was the primary model of supervision used? (check one)

- one supervisor : one student
- one supervisor : group of students
- two supervisors : one student
- one supervisor : two students
- distant supervision (primarily off-site)
- three or more supervisors : one student (count person as supervisor if supervision occurs at least weekly)

List fieldwork educators who participated in your learning experience:

NAME	Credentials	Frequency	Individual	Group
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY	1 = Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree				
	1	2	3	4	5
Expectations of fieldwork experience were clearly defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expectations were challenging but not overwhelming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiences supported student's professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiences matched student's expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What particular qualities or personal performance skills do you feel a student should have to function successfully on this particular fieldwork placement?

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:

- Study the following intervention methods:

- Read up on the following in advance:

- Other

Overall, what changes would you recommend in this Level II Fieldwork Experience?

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

Indicate the number which seems descriptive of each fieldwork educator. Please make a copy of this page for each individual. FIELDWORK SITE NAME: _____ STUDENT NAME: _____ FIELDWORK EDUCATOR NAME: _____ FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____	1 = Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree				
	1	2	3	4	5
Provided ongoing positive feedback in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided ongoing constructive feedback in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed written work in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made specific suggestions to student to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided clear performance expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequenced learning experiences to grade progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a variety of instructional strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taught knowledge and skills to facilitate learning and challenge student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified resources to promote student development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented clear explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated student's clinical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a variety of supervisory approaches to facilitate student performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicited and responded to student feedback and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted responsibilities to facilitate student's growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision changed as fieldwork progressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided a positive role model of professional behavior in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged occupation-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged client-centered practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of meetings/types of meetings with supervisor (value/frequency):

General comments on supervision:

Indicate the number which seems descriptive of each fieldwork educator. Please make a copy of this page for each individual. FIELDWORK SITE NAME: _____ STUDENT NAME: _____ FIELDWORK EDUCATOR NAME: _____ FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____	1 = Strongly Disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly Agree				
	1	2	3	4	5
Provided ongoing positive feedback in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided ongoing constructive feedback in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed written work in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made specific suggestions to student to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided clear performance expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sequenced learning experiences to grade progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Identified resources to promote student development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented clear explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated student's clinical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a variety of supervisory approaches to facilitate student performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicited and responded to student feedback and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted responsibilities to facilitate student's growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision changed as fieldwork progressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided a positive role model of professional behavior in practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged occupation-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged client-centered practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modeled and encouraged evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of meetings/types of meetings with supervisor (value/frequency):

General comments on supervision:
