

**MIDWESTERN UNIVERSITY- OCCUPATIONAL THERAPY PROGRAM
STUDENT EVALUATION OF LEVEL I FIELDWORK**

Student name _____ Supervisor name (print) _____

Site name: _____ Practice Area _____

Course number: _____

LEVEL I _____ DATE: _____

1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly agree
---------------------	------------	-----------	---------	------------------

APPLICATION OF KNOWLEDGE

1. Skills attained in class were adequate for experience	1	2	3	4	5
2. There were opportunities to try skills learned in class	1	2	3	4	5
3. There was opportunity to participate in occupation-based practice	1	2	3	4	5
4. There were opportunities for student involvement/participation	1	2	3	4	5

SITE/PLACEMENT

1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5= Strongly agree
---------------------	------------	-----------	---------	-------------------

5. The environment was conducive to learning	1	2	3	4	5
6. There were adequate opportunities to interface with patients/clients	1	2	3	4	5
7. This was a valuable experience	1	2	3	4	5
8. The role of OT is (or could be) important to the total treatment program of the patient/client at this site/facility?	1	2	3	4	5

COMMENTS:

CLINICAL SKILLS: Which clinical skills did you have an opportunity to practice (circle all that apply)?

9. A/PROM exercises	31. HR/BP/respirations	40. wellness principles
10. ADL's	32. interviewing	41. therapeutic use of self
11. chart review	33. MMT	42. behavior management
12. communication skills	34. observation	43. patient/family education
13. documentation	35. leading groups	44. goal setting
14. evaluation	36. intervention planning	45. IADL intervention:
15. feeding	37. Sensory integration	46. task analysis
16. fine/gross motor activities	38. Splinting	47. Other:
17. occupational profile	39. transfers/mobility techniques	

COMMENTS:

GENERAL COMMENTS:

REFLECTION: Please provide a reflection on the following:

The areas where you experienced the most growth or learning through participating in this experience.

Challenges you may have encountered or overcome through participating in this experience.

Student signature _____

Date _____

Supervisor signature _____

Date _____