

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

Instructions to the Student:

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. 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.

Fieldwork Site _____

Address _____

Placement Dates: from _____ to _____

Order of Placement: [] IIA [] IIB

Living Accommodations: *(include type, cost, location, condition)*

Public transportation in the area:

Please write your e-mail 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 the Fieldwork Experience report.

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*

FW Educator's Name and credentials *(Please Print)*

FW Educator's years of experience _____

ORIENTATION

Indicate your view of the orientation by *checking* "Adequate" (Y) or "Needs Improvement" (I) regarding the adequacy, organization, and timeliness of each topic.

TOPIC	Adequate	
	Y	I
1. Site-specific fieldwork objectives		
2. Student supervision process		
3. Requirements/assignments for students		
4. Student schedule (daily/weekly/monthly)		
5. Agency/Department policies and procedures		
6. Documentation procedures		
7. Safety and emergency procedures		

Comments or suggestions regarding your orientation to this fieldwork placement:

ASPECTS OF THE ENVIRONMENT

	Yes	No
The current OT Practice Framework was integrated into practice		
Evidence-based practice was incorporated into the OT process		
Psychosocial factors influencing occupational engagement were considered throughout the OT process		
There were opportunities to develop cultural awareness and sensitivity		
There were opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides		
There were opportunities to collaborate with other professionals		
There were opportunities to expand knowledge of community resources		
Student work area/supplies/equipment were adequate		

DOCUMENTATION & CASELOAD EXPECTATIONS

Documentation Format:

- Narrative
 SOAP
 Checklist
 Other: _____
 Hand-written documentation
 Electronic

If electronic, name format & program: _____

Time frame & frequency of documentation: _____

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 occurred at least weekly)

CASELOAD

Check age groups worked with:

Age	
0–3 years old	
3–5 years old	
6–12 years old	
13–21 years old	
22–65 years old	
> 65 years old	

List the most commonly seen occupational performance issues in this setting:

Occupational Performance Issue

OCCUPATIONAL THERAPY PROCESS

How often did you use the OTIPM to guide your clinical reasoning throughout the OT process? (circle your answer): Rarely Occasionally Frequently Consistently

In your academic courses you learned about several assessments. Out of the total number of evaluations you completed, indicate how often you administered these assessments. If you administered other assessments not listed, list assessments you used more than once.

	1 = Not available at site / Not applicable to site 2 = Observed, but did not administer it myself 3 = Never (it was available, but I didn't observe or administer) 4 = Occasionally 5 = Frequently				
	1	2	3	4	5
Assess. of Motor & Process Skills (AMPS)					
Beery Test of Visual-Motor Integration (VMI)					
Brain Injury Visual Assess. Battery (biVABA)					
Bruininks Test of Motor Proficiency (BOT-2)					
Cognitive Performance Test (CPT)					
Canadian Occ. Perf. Measure (COPM)					
Evaluation of Social Interaction (ESI)					
Executive Function Perf. Test (EFPT)					
Functional Independence Measure (FIM)					
Hawaii Early Learning Profile (HELP)					
Interest Checklist					
Kohlman Eval. Of Living Skills (KELS)					
Locus of Control					
Miller Function & Participation Scales (M-FUN)					
Minnesota Handwriting Assessment					
Modified Ashworth Scale					
MOHO Screening Tool (MOHOST)					
Montreal Cognitive Assessment (MoCA)					
Occ. Performance History Interview (OPHI)					
Occupational Questionnaire (OQ)					
Occupational Self Assessment (OSA)					
Peabody Dev. Motor Scales (PDMS-2)					

Pediatric Eval. of Disability Inventory (PEDI)					
Pediatric Volitional Questionnaire (PVQ)					
Performance Assessment of Self-Care Skills (PASS)					
Role Checklist					
School Function Assessment (SFA)					
Short Child Occupational Profile (SCOPE)					
Sensory Processing Measure (SPM)					
Sensory Profile					
Test of Playfulness (ToP)					
Volitional Questionnaire (VQ)					
Other:					
Other:					
Other:					
Other:					

If you never used some of the assessment tools above that are available and applicable to your FW site, please explain why: _____

List major therapeutic interventions you used and indicate how often you provided them.

Types of Interventions	Rarely	Occasionally	Frequently
Occupations (client-directed daily life activities that match and support or address identified participation goals)			
1.			
2.			
3.			
4.			
Activities (actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement; often are components of occupations)			
1.			
2.			
3.			
4.			
Preparatory methods and tasks (methods and tasks that prepare the client for occupational performance)			
1.			
2.			
3.			
Education and Training (imparting knowledge and information about occupation, health, well-being, and participation; facilitation of the acquisition of concrete skills)			
1.			
2.			
Advocacy (efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources)			
1.			

2.				
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Indicate the percentage of time you used each of these types of interventions (answers must add up to 100%):

Type of Intervention	Percentage (must add up to 100%)
Occupations	
Activities	
Preparatory methods and tasks	
Education and Training	
Advocacy	

Indicate the percentage of time you provided interventions through individual treatments, groups, co-treatments, or consultation/collaboration (answers must add up to 100%):

Method of Intervention	Percentage (must add up to 100%)
Individual	
Groups	
Co-tx	
Consultation	

Identify the types of outcomes addressed as a result of OT intervention provided:

Type of outcome	yes	no	Provide example
Occupational Performance			
Prevention			
Health & Wellness			
Quality of Life			
Participation			
Role competence			
Well-being			
Occupational Justice			

THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate the frequency with which you utilized the following theories/frames of reference/models of practice.

	Never	Rarely	Occasionally	Frequently
Occupation-Focused:				
Model of Human Occupation				
Person–Environment–Occupation (PEO) (Canadian Model)				
Person–Environment–Occupational Performance (PEOP)				
Other (list):				
Related Knowledge:				
Behaviorism				
Biomechanical Frame of Reference				
Cognitive Disability Frame of Reference				
Cognitive Theory				
Developmental Theories				
Motor Learning Frame of Reference				
Neurodevelopmental Therapy				
Recovery Model				
Rehabilitation Frame of Reference				
Sensory Integration				
Other (list):				
Other (list):				

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				
Expectations were challenging but not overwhelming				
Experiences supported student's professional development				

Please indicate the degree to which this fieldwork experience was congruent with the philosophical tenets of the Occupational Therapy Program at Midwestern University that guide its curriculum design and educational philosophy:

1 = Not congruent 2 = Somewhat congruent 3 = Very congruent		
1	2	3
Occupation-Focused Practice (incorporating one's values, beliefs, and goals into practice in order to facilitate performance of the self-chosen occupations one needs and wants to do)		
Occupation-Based Practice (incorporating the use of occupations as the primary method of service delivery)		
Client-Centered Practice (focusing on intentional, therapeutic relationships that demonstrate therapist's value for the client's knowledge and experience, capacity for choice and autonomy, and unique strengths)		
Professional Praxis (the process by which the skills, values, and behaviors of an OT professional are embodied)		

What changes would you recommend in your academic program relative to the needs of **THIS** Level II fieldwork experience?

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

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

Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

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					
Provided ongoing constructive feedback in a timely manner					
Reviewed written work in a timely manner					
Made specific suggestions to student to improve performance					
Provided clear performance expectations					
Sequenced learning experiences to grade progression					
Used a variety of instructional strategies					
Taught knowledge and skills to facilitate learning and challenge student					
Identified resources to promote student development					
Presented clear explanations					
Facilitated student's clinical reasoning					
Used a variety of supervisory approaches to facilitate student performance					
Elicited and responded to student feedback and concerns					
Adjusted responsibilities to facilitate student's growth					
Supervision changed as fieldwork progressed					
Provided a positive role model of professional behavior in practice					
Modeled and encouraged occupation-based practice					
Modeled and encouraged client-centered practice					
Modeled and encouraged evidence-based practice					

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

General comments: _____
