

Fieldwork Data Form

NEW ENGLAND OCCUPATIONAL THERAPY EDUCATION COUNCIL INC., (NEOTEC)
Adapted from AOTA Commission on Education and Education Special Interest Section Fieldwork
Subsection fieldwork data form. : AOTA, 2008

Thank you for your participation in the fieldwork education process. This NEOTEC form helps maximize efficiency by using a standard format that can be shared among the NEOTEC academic programs. It is designed to accompany the NEOTEC Site Specific Objectives form.

The purpose of the Fieldwork Data Form is to:

- Facilitate communication between fieldwork sites, academic programs, and students.
- Meet accreditation standards for Accreditation Council for Occupational Therapy (ACOTE).
- Ensure students have access to information to help prepare for fieldwork placements.

We appreciate your dedication to student learning.

Thank you

Please complete and return to:

Name:

Phone:

Email:

Please call or email if you have questions.

NEOTEC FIELDWORK DATA FORM

Date: State: Multiple Locations, please attach list.
 Name of Facility: City: Zip Code:
 Address: City: Zip Code:

Title of Parent Corporation (if different from facility name):

Address (if different from facility):

Street: City: State: Zip:

Level One Fieldwork Coordinator

Contact Person:
 Phone:
 Credentials:
 E-mail:

Level Two Fieldwork Coordinator

Contact Person:
 Phone:
 Credentials:
 E-mail:

Director

Contact name:
 Phone:
 Credentials:
 E-mail:
 Website:

Placement Sequence Preferences

No Preference
 2nd Placement Only
 Full time
 Part Time
 OTR only
 OTA only

OT Fieldwork Practice Settings (ACOTE Form A #s noted)

In-Patient Acute 1.1	Peds Community 2.1	Early Intervention 3.1
In-Patient Rehab 1.2	Behavioral Health Community 2.2	School 3.2
SNF/ Sub-Acute/ Acute Long-Term Care 1.3	Older Adult Community Living 2.3	
General Rehab Outpatient 1.4	Older Adult Day Program 2.4	
Outpatient Hands 1.5	Outpatient/hand private practice 2.5	
Pediatric Hospital/Unit 1.6	Adult Day Program for DD 2.6	
Pediatric Hospital Outpatient 1.7	Home Health 2.7	
In-Patient Psych 1.8	Peds Outpatient Clinic 2.8	

Facility Size – # of beds:
 Population Age Range:

Staff Composition

OTR/OTA	Physicians
Aides	Nursing
PT/PTA	Social Workers
SLP	Case Managers
Teachers	Physicians
Counselors/Psychiatrists	Nursing
Therapeutic Rec (CTRS)	Other:
BCBA/behaviorist	

Site Requirements for students (check all that apply)

Primary Contact for Onboarding:

Vaccines/Medical Requirements:

HepB	Physical Check Up	TB/Mantoux	Chest x-ray	Tetanus
MMR	Varicella titer	2 step PPD	Influenza	COVID-19

Type of Background Check:

Medicare / Medicaid Fraud Check	Child Protection/Abuse Check	Drug Screening
Prof. Liability Ins.	Sexual Offense Record Inquiry	Number of Panels:
Fingerprinting		

Certifications:

First Aid	BLS	OSHA Bloodborne Pathogen	CPR (Specify type):
Infection Control Training	AED	HIPAA Training	
Health Provider			

Other:

Site established student orientation program/procedure (please describe):
 Own transportation
 Additional Comments:

Students will participate in (check all that apply)

Direct service	Indirect Services	Other Approaches
One-to-one	In-service training	
Concurrent	Presenting	
Co-treat	Attending	
Small groups (s)	Consultation	
Large group (s)	Meetings (team, department, family)	
Telehealth	Billing	
Client/Caregiver education	Documentation	
Discharge planning		
Evaluation/Screening		

Administrative

Target Caseload/Productivity	Documentation	Parking
Productivity per day:	EMR platform (type):	Free
Productivity per week:	Handwritten notes	Paid
# Groups per day:	Checklist	Shuttle from offsite
Caseload:	SOAP notes	Public Transit access (yes) / no)
	Policy specifics:	Student must have own vehicle (yes /no)

Work Schedule	Dress Code	Supervision of other personnel
Hours Required:	Please describe:	Please describe:
Weekends Required:		
Evenings Required:		
Flex/Alternate Schedules:		
Part-time:		

Student Assignments and Activities

Research	Fieldwork project
Literature review	Off-site learning experiences
Attending in-services/grand rounds	Observation of other units/disciplines
Case study	Other assignments (please list):
Provide in-services	
Program development	

Supervision Process

Frequency of formal supervision meetings: Daily / Weekly
 Frequency of informal supervision meetings: Daily / Weekly
 Supervision Model: 1:1 / 1 therapist:2 students / 2 therapists:1 student / group / other:
 Is student learning style considered? yes / no
 Are supervision meetings documented? yes / no

Student Reflection Methods

Journaling
 Processing verbally
 Student self-assessment & self-appraisal
 Written Activity Analysis
 Reflective questions
 Written submission of intervention plans and rationale
 Role playing & simulation
 Video feedback

Other:

Fieldwork Educator Preparation Tools

Facility's Student manual
 Facility Training in supervision
 AOTA Certificate in Fieldwork Education Program
 Mentorship opportunities (e.g., in 1:1 or Group Format)
 Other:

Use of online resources such as:

- AOTA <https://www.aota.org/education/fieldwork>
- NEOTEC: www.neotecouncil.org
- State Associations
- Individual Academic Programs

SUPPLEMENTAL INFORMATION ~ please attach any of the following if you have them available or if they have changed

- Information on programs and services offered
- Student Manual
- Job description for entry-level occupational therapy personnel
- Mission statement
- Site specific weekly student expectations
- Facility Policies & Procedures (e.g., HIPAA)

Thank you 😊