

STUDENT EVALUATION OF THE FIELDWORK EDUCATOR

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 fieldwork educator[s] 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
- Provide objective information to students who are selecting sites for future Level II fieldwork

This form is designed to offer each program the opportunity to gather meaningful and useful information. Programs may adapt this form to suit their needs.

Instructions to the Student:

Complete the SEFWE before your final meeting with your fieldwork educator(s).
Make a copy of the form for yourself. This form gets submitted to your fieldwork educator during or after you review your final fieldwork performance evaluation (FWPE). The SEFWE is signed by you and the fieldwork educator(s).

Instructions to the Fieldwork Educator(s):

Review the SEFWE with the student after the final Fieldwork Performance Evaluation (FWPE) has been reviewed and signed.

The SEFWE is signed by both the fieldwork educator(s) and the student.

Return both the FWPE and SEFWE promptly upon completion of the fieldwork to the academic fieldwork coordinator.

FIELDWORK EDUCATOR SECTION

General Information

Student Name

Student Email

Placement Start Date

Placement End Date

Fieldwork Educator Name

Fieldwork Educator Email

Fieldwork Educator Years of Experience

0-5 years
 6-10 years
 11-15 years
 16+ years

Check the box that best described your opinion of the fieldwork educator's efforts in each area

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

Check the box that best described your opinion of the fieldwork educator's efforts in each area

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| Modeled and encouraged interprofessional collaboration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Modeled and encouraged intraprofessional collaboration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional comments:

FIELDWORK SITE SECTION

General Information

Practice Setting

Fieldwork Site Name & Address

Placement Start Date

Placement End Date

Hours Required per Week

Work Schedule

Weekends required Evenings required Flex/Alternative schedules

Other:

Can the site be accessed by public transportation?

Yes No

Is Parking Available at the Site?

How much is parking per day?

Yes No

Can future students contact you and ask you about your experience at this site?

Yes No

Patient Information

Age Groups you worked with

0-5 years old 6-12 years old 13-21 years old

22-65 years old 65+ years old

Describe the typical patient population

- | | |
|---|---|
| <input type="checkbox"/> In-Patient Acute | <input type="checkbox"/> Behavioral Health Community |
| <input type="checkbox"/> In-Patient Rehab | <input type="checkbox"/> Older Adult Community Living |
| <input type="checkbox"/> SNF / Sub-Acute / Acute Long-Term Care | <input type="checkbox"/> Older Adult Day Program |
| <input type="checkbox"/> General Rehab Outpatient | <input type="checkbox"/> Outpatient / Hand private practice |
| <input type="checkbox"/> Outpatient Hands | <input type="checkbox"/> Adult Day Program for DD Home |
| <input type="checkbox"/> Pediatric Hospital/Unit | <input type="checkbox"/> Health |
| <input type="checkbox"/> Peds Hospital Outpatient | <input type="checkbox"/> Peds Outpatient Clinic |
| <input type="checkbox"/> In-Patient Psych | <input type="checkbox"/> Early Intervention |
| Other: | <input type="checkbox"/> School |

Describe how you addressed the psychological and social factors of your clients during THIS Level II fieldwork placement:

Orientation - Week 1

Indicate the adequacy of the orientation by checking "Yes" (Y) or "Needs Improvement" (I) for each area:

| Orientation Topics | Yes | Needs Improvement |
|---|--------------------------|--------------------------|
| Site-specific fieldwork objectives | <input type="checkbox"/> | <input type="checkbox"/> |
| Student supervision process | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirements/assignments for students | <input type="checkbox"/> | <input type="checkbox"/> |
| Student schedule (daily/weekly/monthly) | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency/Department policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety and Emergency procedures | <input type="checkbox"/> | <input type="checkbox"/> |

Comments for the Orientation:

OCCUPATIONAL THERAPY PROCESS

I. Evaluation

Formal Assessment Tools Used:

- | | |
|--|---|
| <input type="checkbox"/> Allen Cognitive Level Screening | <input type="checkbox"/> Middlesex Elderly Assessment of Mental State |
| <input type="checkbox"/> Allen Diagnostic Module | <input type="checkbox"/> Michigan |
| <input type="checkbox"/> Ashworth Scale (Tone) | <input type="checkbox"/> Mini Mental State |
| <input type="checkbox"/> Assessment of Motor & Perceptual Skills | <input type="checkbox"/> Motor-Free Visual Perception Test (MVTP-3) |
| <input type="checkbox"/> Beery Visual Motor Integration test | <input type="checkbox"/> Moberg Pick Up Test |
| <input type="checkbox"/> Box and Block | <input type="checkbox"/> Nine Hole Peg Test |
| <input type="checkbox"/> Bruininks-Oseretsky Test-2 | <input type="checkbox"/> Occupational Performance History Interview |
| <input type="checkbox"/> BTE | <input type="checkbox"/> Occupational Self Assessment |
| <input type="checkbox"/> Childrens Assessment of Participation & Enjoyment/Preference for Activities of Children | <input type="checkbox"/> Peabody Developmental Motor Scale |
| <input type="checkbox"/> Children's Occupational Self Assessment | <input type="checkbox"/> Pediatric Evaluation of Disability (PEDI) |
| <input type="checkbox"/> Canadian Occupational Performance Measure | <input type="checkbox"/> Piers Harris Self Concept Scale |
| <input type="checkbox"/> Cognistat | <input type="checkbox"/> Pinch Meter |
| <input type="checkbox"/> Cognitive Assessment of Minnesota | <input type="checkbox"/> Routine Task Inventory |
| <input type="checkbox"/> Coping Inventory | <input type="checkbox"/> School Function Assessment (SFA) |
| <input type="checkbox"/> Dynamometer | <input type="checkbox"/> Self-Assessment of Occupational Functioning |
| <input type="checkbox"/> Early Coping Inventory | <input type="checkbox"/> Semmes-Weinstein Monofilament |
| <input type="checkbox"/> Functional Independence Measure | <input type="checkbox"/> Sensory Profile |
| <input type="checkbox"/> Gardner DVPT: Motor/Non-Motor | <input type="checkbox"/> Social Skills Rating System |
| <input type="checkbox"/> Goniometry | <input type="checkbox"/> Volumeter |
| <input type="checkbox"/> Harter Self Perception Profile | <input type="checkbox"/> WeeFIM |
| <input type="checkbox"/> Hawaii Early Learning Profile | Other: |
| <input type="checkbox"/> Jebsen Hand Function Test | |
| <input type="checkbox"/> Kitchen Task Assessment | |
| <input type="checkbox"/> Kohlman Evaluation of Living Skills | |
| <input type="checkbox"/> LOTCA | |
| <input type="checkbox"/> Manual Muscle Testing | |

OCCUPATIONAL THERAPY PROCESS

II. Intervention

Types of Intervention

Occupations: Broad and specific daily life events that are personalized and meaningful to the client (AOTA, 2020, p.59)

Individual Group Population

Activities: Components of occupations that are objective and separate from the client's engagement or contexts (AOTA, 2020, p. 59)

Individual Group Population

PAMS and Mechanical Modalities: Modalities, devices and techniques to prepare the client for occupational performance (AOTA, 2020, p. 59)

Individual Group Population

Orthotics & Prosthetics: Construction of devices to mobilize, immobilize, or support body structures to enhance participation in occupations (AOTA, 2020, p. 60)

Individual Group Population

Assistive technology and environmental modifications: Assessment, selection, provision, and education and training in use of high and low tech assistance technology application of universal design principles and recommendations for changes to the environment or activity to support the client's ability to engage in occupation (AOTA, 2020, p. 60)

Individual Group Population

Functional/Wheeled mobility: Products and technologies that facilitate a client's ability to maneuver through space (AOTA, 2020, p. 60)

Individual Group Population

Self-Regulation: Actions the client performs to target specific client factors or performance skills (AOTA, 2020, p. 60)

Individual Group Population

Education: Imparting of knowledge and information about occupation, health, well-being, and participation to enable the client to acquire helpful behaviors, habits, and routines (AOTA, 2020, p. 61)

Individual Group Population

Training: Facilitation of the acquisition of concrete skills for meeting specific goals in a real-life, applied situation (AOTA, 2020, p. 61)

Individual Group Population

Advocacy: Advocacy efforts undertaken by the practitioner (AOTA, 2020, p. 61)

Individual

Group

Population

Self Advocacy: Advocacy efforts undertaken by the client with support by the practitioner (AOTA, 2020, p. 62)

Individual

Group

Population

Functional groups, activity groups, task groups, social groups or other groups: Groups used in health care settings, within the community or within organization that allow clients to explore and develop skills for participation, including basic social interaction skills and tools for self-regulation, goal setting and positive choice making (AOTA, 2020, p. 62)

Individual

Group

Population

Telehealth: Use of technology to plan, implement, and evaluation occupational therapy intervention, education and consultations (AOTA, 2020, p. 62)

Individual

Group

Population

Approaches to Intervention

Assistance technology and environmental modifications: Assessment, selection, provision, and education and training in use of high and low tech assistance technology application of universal design principles and recommendations for changes to the environment or activity to support the client's ability to engage in occupation (AOTA, 2020, p. 60)

Individual

Group

Population

Wheeled mobility: Products and technologies that facilitate a client's ability to maneuver through space (AOTA, 2020, p. 60)

Individual

Group

Population

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Individual

Group

Population

What percentage of interventions were provided in the following formats: (The total should be equal to 100%)

Individual

Group

Co-treatment

Population

Total

OCCUPATIONAL THERAPY PROCESS

III. Outcomes

Identify the types of outcomes measured as a result of OT intervention provided (AOTA, 2020)

| | Yes | No |
|--------------------------|--------------------------|--------------------------|
| Occupational Performance | <input type="checkbox"/> | <input type="checkbox"/> |
| Improvement | <input type="checkbox"/> | <input type="checkbox"/> |
| Enhancement | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention | <input type="checkbox"/> | <input type="checkbox"/> |
| Health & Wellness | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Life | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation | <input type="checkbox"/> | <input type="checkbox"/> |
| Role Competence | <input type="checkbox"/> | <input type="checkbox"/> |
| Well Being | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational Justice | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Evaluation

| Aspects of the environment | Yes | No |
|---|--------------------------|--------------------------|
| The current Practice Framework was integrated into practice | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence-based practice was integrated into OT intervention | <input type="checkbox"/> | <input type="checkbox"/> |
| There were opportunities for OT/OTA collaboration | <input type="checkbox"/> | <input type="checkbox"/> |
| There were opportunities to collaborate with other professionals | <input type="checkbox"/> | <input type="checkbox"/> |
| There were opportunities to assist in the supervision of others | <input type="checkbox"/> | <input type="checkbox"/> |
| There were opportunities to interact with other students | <input type="checkbox"/> | <input type="checkbox"/> |
| There were opportunities to expand knowledge of community resources | <input type="checkbox"/> | <input type="checkbox"/> |
| Student work area/supplies/equipment were adequate | <input type="checkbox"/> | <input type="checkbox"/> |

Additional educational opportunities provided with comments (specify)

Documentation Format

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Narrative | <input type="checkbox"/> Electronic |
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Handwritten documentation | <input type="checkbox"/> Other: |

Time frame and frequency of documentation

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Biweekly |
| <input type="checkbox"/> Weekly | |
| <input type="checkbox"/> Other: | |

Caseload expectation at the end of the student experience

Productivity expectation at the end of the student experience

Frequency of meetings with fieldwork educator

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Biweekly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Other: |

What was the primary model of supervision used?

- One fieldwork educator : one student
- One fieldwork educator : group of students
- Two fieldwork educators : one student
- One fieldwork educator : two students
- Distant supervision (primarily off-site)
- Three fieldwork educators : one student (count person as fieldwork educator if supervision occurred at least weekly)

Supervisory methods to promote reflective practice

- Journaling
- Processing verbally
- Student self assessment
- Written submission of intervention plans and rationale
- Other:

General comments on supervision:

Summary of Fieldwork Experience

| Rate your expectations | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

Please identify the extent of opportunities that students will have to incorporate the following themes in occupational therapy practice during the fieldwork experience

| | No opportunities | Limited opportunities | Some opportunities | Many opportunities (with most clients) | Consistent opportunities (for all clients) |
|-----------------------------|--------------------------|--------------------------|--------------------------|---|---|
| Client-centered practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupation-based practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence-based practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership & advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interprofessional education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please specify the themes that were not listed in the list above:

What other disciplines of the student presence were at the site?

- PT PTA SLP Nursing Social Work Medical
 PA MD DO Recreational therapy Athletic trainer Other:

If other OT/OTA student present, what level?

- OTA Associate OTA Baccalaureate OT Master OT Doctor

Do you feel you were adequately prepared for placement?

- Yes No

Why do you feel that you weren't prepared for the placement?

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

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

How likely will you recommend this fieldwork site to other students?

0 - Unlikely 10 - Very likely

Please specify the reasons for your recommendation:

Your fieldwork experience must be discussed with your supervisor before you submit this form

Yes, I have discussed my fieldwork experience with my supervisor

Date:

Students signature:
