

**Occupational Therapy
Fieldwork Weekly Review**

Student (print): _____ **Facility/Location** : _____

STRENGTHS:

AREAS/OPPORTUNITIES FOR IMPROVEMENT:

GOALS MET/GOALS DUE NEXT WEEK:

COMMENTS/OTHER INFORMATION:

LEVEL OF SUPERVISION NEEDED (Educator response) _____ More _____ Less _____ Just Right

LEVEL OF SUPERVISION NEEDED (Student response) _____ More _____ Less _____ Just Right

	Not Observed	Disagree	Sometimes	Agree
Behaviors indicate interest in learning	0	1	2	3
Positive professional behavior- (i.e. respect for time, dress, accepting feedback, interactions, comments, etc.)	0	1	2	3
Self-directed learning, initiative	0	1	2	3
Asks for needs/feedback	0	1	2	3
Carryover, adjusts performance based on feedback	0	1	2	3
Demonstrates Safety, HIPAA	0	1	2	3

Fieldwork Educator Signature Date

Student Signature Date

AFWC Signature (For school use) Date