

Occupational Therapy Fieldwork Weekly Review

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

STRENGTHS:

AREAS/OPPORTUNITIES FOR IMPROVEMENT:

GOALS MET/GOALS DUE NEXT WEEK:

COMMENTS/OTHER INFORMATION:

Expected Work Schedule: _____ Tardiness/Absences: _____

Variance/Reason: _____

Amount of supervision currently provided (FWE response) ☐ Too Little ☐ Just Right ☐ Too Much
Amount of supervision currently received (Student response) ☐ Too Little ☐ Just Right ☐ Too Much

	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 _____