OCCUPATIONAL THERAPY
SELF ASSESSMENT
MIDTERM PROGRESS REPORT

Student’s Name: _______________________________________  Date: __________________

Fieldwork Supervisor: ___________________________________________________________

Facility: ______________

Days Absent: ___________________________  Reason for Absence: ____________________

Alternate days completed to satisfy attendance requirements: __________________________

What has been the best part of the fieldwork experience?

What have you liked the least about the fieldwork experience?

What are your strengths at this fieldwork site?

What are the areas in which you need to improve?

What are your goals and/or plans regarding the areas that need improvement?

What was your midterm score on the Fieldwork Performance Evaluation? _________

How did you feel that process went?

Other comments:

__________________________________  __________________________________

Student’s Signature  Fieldwork Supervisor’s Signature

Complete and fax or mail to Jeanette Koski at end of 6th week of FW. Attach additional pages as needed.