**AOTA FIELDWORK DATA FORM**

**Date**:

**Name of Facility:**

**Address:** Street     City       State       Zip:

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your program accept students:** | **FW I: YES/NO** | **FW II: YES/NO** |  |
| **Contact Person:** | **Credentials:** |  |  |
| **Phone:** **E-mail:** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Director:** | **Initiation Source:**  FW Office  FW Site  Student | **Corporate Status:**  For Profit  Non-Profit  State Gov’t  Federal Gov’t | **Preferred Sequence of FW:** *ACOTE Standards B.10.6*  Any  Second/Third only; 1st must be in:  Full-time only  Part-time option  Prefer Full-time |
| **Phone:** |
| **Fax:** |
| **Web site address:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OT Fieldwork Practice Settings** (ACOTE Form A #s noted) : | |  |  |  |  |
| **Hospital-based settings** | **Community-based settings** | | **School-based settings** | **Age Groups:** | **Number of Staff:** |
| In-Patient Acute  In-Patient Rehab  SNF/ Sub-Acute/ Acute Long-Term Care  General Rehab Outpatient  Outpatient Hands  Pediatric Hospital/Unit  Peds Hospital Outpatient  In-Patient Psych | Peds Community  Behavioral Health Community  Older Adult Community Living  Older Adult Day Program  Outpatient/hand private practice  Adult Day Program for DD  Home Health  Peds Outpatient Clinic | | Early Intervention  School  **Other area(s**)  please specify: | 0-5  6-12  13-21  22-64  65+ | OTRs:  COTAs:  Aides:  PT:  Speech:  Resource Teacher:  Counselor/Psychologist:  Other: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Prerequisites** (check all that apply) | |  | Health requirements: |  |
| CPR  Medicare / Medicaid Fraud Check  Criminal Background Check  Child Protection/abuse check  Adult abuse check  Fingerprinting | First Aid  Infection Control training  HIPPA Training  Prof. Liability Ins.  Own transportation  Interview | | HepB  MMR  Tetanus  Chest x-ray  Drug screening  TB/Mantoux | Physical Check up  Varicella  Influenza  Please list any other requirements: |

|  |  |  |
| --- | --- | --- |
| **Performance skills, patterns, contexts and client factors addressed in this setting** (check all that apply) | | |
| **Performance Skills:**  **Motor Skills**  Posture  Mobility  Coordination  Strength & effort  Energy  **Process Skills**  Energy  Knowledge  Temporal organization  Organizing space & objects  Adaptation  **Communication/ Interaction Skills**  Physicality- non verbal  Information exchange  Relations | **Client Factors:**  **Body functions/structures**  Mental functions- affective  Mental functions-cognitive  Mental functions- perceptual  Sensory functions & pain  Voice & speech functions  Major organ systems: heart, lungs, blood, immune  Digestion/ metabolic/ endocrine systems  Reproductive functions  Neuromusculoskeletal & movement functions  Skin | **Context(s):**  Cultural- ethnic beliefs & values  Physical environment  Social Relationships  Personal- age, gender, etc.  Spiritual  Temporal- life stages, etc.  Virtual- simulation of env, chat room, etc.  **Performance Patterns/Habits**  Impoverished habits  Useful habits  Dominating habits  **Routine sequences**  **Roles** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Most common services priorities** (check all that apply) | |  |  |  |
| Direct service  Discharge planning  Evaluation | Meetings(team, department, family)  Client education  Intervention | | Consultation  In-service training | Billing  Documentation |

**Types of OT Interventions addressed in this setting** (check all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Occupation-based activity- within client’s own environmental context; based on their goals addressed in this setting** (check all that apply)**:** | | | | | |
| **Activities of Daily Living (ADL)** | **Instrumental Activities of Daily Living (IADL)** | | | **Education** | |
| Bathing/showering  Bowel and bladder mgmt  Dressing  Eating  Feeding  Functional mobility  Personal device care  Personal hygiene & grooming  Sexual activity  Sleep/rest  Toilet hygiene | Care of others/pets  Child rearing  Communication device use  Community mobility  Financial management  Health management & maintenance  Home establishment & management  Meal preparation & clean up  Safety procedures & emergency responses  Shopping | | | Formal education participation  Exploration of informal personal education needs or interests  Informal personal education participation | |
|  |  | | | **Work**  Employment interests & pursuits  Employment seeking and acquisition  Job performance  Retirement preparation & adjustment  Volunteer exploration / participation | |
| **Play** | **Leisure** | | | **Social Participation** | |
| Play exploration  Play participation | Leisure exploration  Leisure participation | | | Community  Family  Peer/friend | |
| **Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context**  Practicing an activity  Simulation of activity  Role Play  Examples: | **Preparatory Methods- preparation for purposeful & occupation-based activity**  Sensory-Stimulation  Physical agent modalities  Splinting  Exercise  Examples: | | | **Therapeutic Use-of-Self-** describe    **Consultation Process-** describe  **Education Process-** describe | |
| **Method of Intervention**  **Direct Services/case load for entry-level OT**  One-to-one:  Small group(s):  Large group:  **Discharge Outcomes of clients (% clients)**  Home  Another medical facility  Home Health | **Outcomes of Intervention**  Occupational performance- improve &/ or enhance  Client Satisfaction  Role Competence  Adaptation  Health & Wellness  Prevention  Quality of Life  **OT Intervention Approaches**  Create, promote (health promotion)  Establish, restore, remediation  Maintain  Modify, compensation, adaptation  Prevent, disability prevention | | | **Theory/ Frames of Reference/ Models of Practice**  Acquisitional  Biomechanical  Cognitive- Behavioral  Coping  Developmental  Ecology of Human Performance  Model of Human Occupation (MOHO)  Occupational Adaptation  Occupational Performance Model  Person/ Environment/ Occupation (P-E-O)  Person-Environment-Occupational Performance  Psychosocial  Rehabilitation frames of reference  Sensory Integration  Other (please list): |
| **Please list most common screenings and evaluations used in your setting:** | | | | |
| **Identify safety precautions important at your FW site** | |  |  | | |
| Medications  Post-surgical (list procedures)  Contact guard for ambulation  Fall risk  Other (describe): | |  | Swallowing/ choking risks  Behavioral system/ privilege level (locked areas, grounds)  Sharps count  1:1 safety/ suicide precautions | | |
| **Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:** | | | | |

|  |  |
| --- | --- |
| **Target caseload/ productivity for fieldwork students:** | **Documentation: Frequency/ Format** (briefly describe) : |
| Productivity % per 40 hour work week:  Caseload expectation at end of FW:  Productivity % per 8 hour day:  # Groups per day expectation at end of FW: | Hand-written documentation:  Computerized Medical Records:  Time frame requirements to complete documentation: |

|  |  |
| --- | --- |
| **Administrative/ Management duties or responsibilities of the OT/ OTA student:** | **Student Assignments. Students will be expected to successfully complete:** |
| Schedule own clients  Supervision of others (Level I students, aides, OTA, volunteers)  Budgeting  Procuring supplies (shopping for cooking groups, client/ intervention related items)  Participating in supply or environmental maintenance  Other: | Research/ EBP/ Literature review  In-service  Case study  Participate in in-services/ grand rounds  Fieldwork Project ( describe):  Field visits/ rotations to other areas of service  Observation of other units/ disciplines  Other assignments (please list): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student work schedule & outside study expected:** | **Other** | **Describe level of structure for student?** | **Describe level of supervisory support for student?** |
| Schedule hrs/ week/ day: | Room provided yes no | High | High |
| Do students work weekends? yes no | Meals yes no | Moderate | Moderate |
| Do students work evenings? yes no | Stipend amount: | Low | Low |
| **Describe the FW environment/ atmosphere for student learning**: | | | |
| **Describe public transportation available**: | | | |

**OCCUPATIONAL THERAPY STAFF PROFILE**

*(Check those who supervise OT fieldwork students)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and (OT/OTA)** | **Title** | **Degree and** College/University | **Years**  **in OT** | **OT Specialty** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |