**AOTA FIELDWORK DATA FORM**

**Date**:

**Name of Facility:**

**Address:** Street     City       State       Zip:

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

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| **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:**  |
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| **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:     |

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| **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[ ]  InfluenzaPlease list any other requirements:       |

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| **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** |

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| **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):

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| **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 PlayExamples:       | **Preparatory Methods- preparation for purposeful & occupation-based activity**[ ]  Sensory-Stimulation[ ]  Physical agent modalities[ ]  Splinting[ ]  ExerciseExamples:       | **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:**  |

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| **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:       |

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| **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):      |

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| **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)*

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