**STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)**

**Purpose:**

This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

* Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
* Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
* Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
* Provide objective information to students who are selecting sites for future Level II fieldwork; and
* Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Sections outlined with thick black double borders are designed to be customized by your program as needed. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

**STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)**

**Instructions to the Student:**

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Submit this form on Blackboard with your supervisor then print and sign page 1 to give to your Academic Fieldwork Supervisor. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student’s evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site       Site Code

Address

Placement Dates: from Click here to enter a date.to Click here to enter a date.

Order of Placement: [ ] First [ ] Second [ ] Third [ ] Fourth

Living Accommodations: *(include type, cost, location, condition, contact phone number if applicable)*

Public transportation in the area:

Please enter your e-mail address here if you do not mind future students contacting you to ask you about your experience at this site: ­­­­

**We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Signature FW Educator's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name *(Please Print)* FW Educator’s Name and credentials *(Please Print)*

 FW Educator’s years of experience \_\_\_\_\_\_\_\_\_\_\_\_

**ORIENTATION**

Indicate your view of the orientation by checking "Satisfactory" (S) or "Needs Improvement” (I) regarding the three factors of adequacy, organization, and timeliness.

| TOPIC | Adequate | Organized | Timely | NA |
| --- | --- | --- | --- | --- |
|  | S | I | S | I | S | I |  |
| 1. Site-specific fieldwork objectives
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Student supervision process
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Requirements/assignments for students
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Student schedule (daily/weekly/monthly)
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Staff introductions
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Overview of physical facilities
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Agency/Department mission
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Overview of organizational structure
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Services provided by the agency
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Agency/Department policies and procedures
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Role of other team members
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Documentation procedures
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Safety and emergency procedures
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Confidentiality/HIPAA
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. OSHA—Standard precautions
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Community resources for service recipients
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Department model of practice
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Role of occupational therapy services
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Methods for evaluating OT services
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Other
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Comments or suggestions regarding your orientation to this fieldwork placement:

**CASELOAD**

List approximate number of each age List approximate number of each primary

category in your caseload. condition/problem/diagnosis in your caseload

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Number |  | Condition/Problem | Number |
| 0–3 years old |     |  |       |     |
| 3–5 years old |     |  |       |     |
| 6–12 years old |     |  |       |     |
| 13–21 years old |     |  |       |     |
| 22–65 years old |     |  |       |     |
| > 65 years old |     |  |       |     |
|  |  |  |       |     |
|  |  |  |       |     |

**OCCUPATIONAL THERAPY PROCESS**

Indicate the approximate number of screenings/evaluations you did and indicate their value to your learning experience by checking the appropriate number with 1 being least valuable and 5 being most valuable.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required | How | Educational Value |
|  | Yes | No | Many | 1 | 2 | 3 | 4 | 5 |
| 1. Client/patient screening | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. Client/patient evaluations *(Use specific names of evaluations)* |  |  |  |  |  |  |  |  |
|        | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. Written treatment/care plans | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. Discharge summary | [ ]  | [ ]  |      | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapeutic Interventions** | **Individual** | **Group** | **Co-Tx** | **Consultation** |
| Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client’s own context with his or her goals) |  |  |  |  |
| 1.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  |
| Purposeful activity (therapeutic context leading to occupation) |  |  |  |  |
| 1.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  |
| Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity) |  |  |  |  |
| 1.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3.       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.       | [ ]  | [ ]  | [ ]  | [ ]  |

**THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE**

Indicate frequency of theory/frames of reference used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Occasionally | Frequently |
| Model of Human Occupation | [ ]  | [ ]  | [ ]  | [ ]  |
| Occupational Adaptation | [ ]  | [ ]  | [ ]  | [ ]  |
| Ecology of Human Performance | [ ]  | [ ]  | [ ]  | [ ]  |
| Person–Environment–Occupation Model | [ ]  | [ ]  | [ ]  | [ ]  |
| Biomechanical Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Rehabilitation Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Neurodevelopmental Theory | [ ]  | [ ]  | [ ]  | [ ]  |
| Sensory Integration  | [ ]  | [ ]  | [ ]  | [ ]  |
| Behaviorism | [ ]  | [ ]  | [ ]  | [ ]  |
| Cognitive-Behavioral Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Cognitive Disability Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Motor Learning Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Coping Frame of Reference | [ ]  | [ ]  | [ ]  | [ ]  |
| Other *(list)*       | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  |

**FIELDWORK ASSIGNMENTS**

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ------- 5 = very valuable). Indicate if more than one required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | NA |
| Case Study Applying the Practice Framework | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Evidence-based practice presentation topic: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Revision of site-specific fieldwork objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Program development topic: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Research topic: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| **ASPECTS OF THE ENVIRONMENT** |  1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently 1 2 3 4 |
| Staff and administration demonstrated cultural sensitivity | [ ]  | [ ]  | [ ]  | [ ]  |
| The Practice Framework was integrated into practice | [ ]  | [ ]  | [ ]  | [ ]  |
| Student work area/supplies/equipment were adequate | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to network with other professionals | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to interact with other OT students | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to interact with students from other disciplines | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff used a team approach to care | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to observe role modeling of therapeutic relationships | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to expand knowledge of community resources | [ ]  | [ ]  | [ ]  | [ ]  |
| Opportunities to participate in research | [ ]  | [ ]  | [ ]  | [ ]  |
| Additional educational opportunities (*specify)*:       | [ ]  | [ ]  | [ ]  | [ ]  |
| How would you describe the pace of this setting? *(choose one)* | [ ] Slow | [ ] Med | [ ] Fast |  |
| Types of documentation used in this setting:       |  |  |  |  |
| Ending student caseload expectation:      # of clients per week or day |  |  |  |  |
| Ending student productivity expectation:     % per day (direct care) |  |  |  |  |

**SUPERVISION**

What was the primary model of supervision used? (check one)

[ ] one supervisor : one student

[ ] one supervisor : group of students

[ ] two supervisors : one student

[ ] one supervisor : two students

[ ] distant supervision (primarily off-site)

[ ] three or more supervisors : one student (count as supervisor if supervision occurred at least weekly)

List fieldwork educators who participated in your learning experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Credentials** | **Frequency** | **Individual** | **Group** |
| 1.       |       |       |       |       |
| 2.       |       |       |       |       |
| 3.       |       |       |       |       |
| 4.       |       |       |       |       |
| 5.       |       |       |       |       |

|  |  |
| --- | --- |
| **SUMMARY**  |  1 = Strongly disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly agree |
| **1** | **2** | **3** | **4** | **5** |
| Expectations of fieldwork experience were clearly defined | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Expectations were challenging but not overwhelming | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Experiences supported student's professional development | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Experiences matched student's expectations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

What advice do you have for future students who wish to prepare for this placement?

* + Study the following evaluations:

* + Study the following intervention methods:

* + Read up on the following in advance:

Overall, what changes would you recommend in this Level II fieldwork experience?

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

|  |  |
| --- | --- |
| Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.**FIELDWORK EDUCATOR NAME:** **FIELDWORK EDUCATOR YEARS OF EXPERIENCE:**  |  1 = Strongly Disagree 2 = Disagree 3 = No opinion 4 = Agree 5 = Strongly agree |
| 1 | 2 | 3 | 4 | 5 |
| Provided ongoing positive feedback in a timely manner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Provided ongoing constructive feedback in a timely manner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Reviewed written work in a timely manner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Made specific suggestions to student to improve performance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Provided clear performance expectations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Sequenced learning experiences to grade progression | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Used a variety of instructional strategies | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Taught knowledge and skills to facilitate learning and challenge student | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Identified resources to promote student development | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Presented clear explanations  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Facilitated student’s clinical reasoning | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Used a variety of supervisory approaches to facilitate student performance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Elicited and responded to student feedback and concerns | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adjusted responsibilities to facilitate student's growth | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Supervision changed as fieldwork progressed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Provided a positive role model of professional behavior in practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Modeled and encouraged occupation-based practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Modeled and encouraged client-centered practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Modeled and encouraged evidence-based practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Frequency of meetings/types of meetings with supervisor (value/frequency):

General comments on supervision: