



UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

INSTITUTE OF OCCUPATIONAL THERAPY FIELDWORK LEVEL II STUDENT UPDATE - WEEK ONE FORM

Date of completing this form: _____

Part A – Student Information

Student Name _____ Campus (check one) ☐ SA ☐ SD

Student Phone (after Hours) _____ Class _____

Current Student Address _____

Student Email Address _____

Part B – Fieldwork Information

Facility Name _____

FWS Name _____

FWS Email _____

FWS Yrs of OT Practice _____ FWS received USA Supervisor packet? _____

What is your department? (acute, opt, rehab) _____ Dept. Phone # _____

What is your weekly schedule? (M-F, 8-5) _____

List Official holidays to be observed by your facility during your clinical affiliation _____

Part C – Questions (check only one answer for each question)

- Did you have any problems traveling or finding your facility? ☐ Yes ☐ No
Comments or problems: _____
- Are your housing conditions neat, clean, safe, acceptable? ☐ Yes ☐ No
Comments or problems: _____
- Has your fieldwork supervisor given you an orientation to the facility and their policies and procedures or is one scheduled within this first week? ☐ Yes ☐ No
Comments or problems: _____
- Have you and your fieldwork supervisor reviewed/developed fieldwork goals? (Should be addressed within the first three days) ☐ Yes ☐ No
Comments or problems: _____
- Have you and your fieldwork supervisor established a schedule to meet and review goals and objectives, along with providing feedback on performance? ☐ Yes ☐ No
Comments or problems: _____
- Does your fieldwork supervisor demonstrate knowledge of your level of education? ☐ Yes ☐ No
Comments or problems: _____
- Do you feel prepared to meet the needs of the patient population at this facility? ☐ Yes ☐ No
Comments or problems: _____
- Do you feel that this facility will help you meet your goals and objectives? ☐ Yes ☐ No
Comments or problems: _____
- Has the fieldwork supervisor requested anything from the University? ☐ Yes ☐ No
If "yes", what? _____