



# UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

## INSTITUTE OF OCCUPATIONAL THERAPY

### FIELDWORK LEVEL II STUDENT UPDATE – WEEK NINE FORM

Please fax to: Clinical Education Office at (904) 829-9199 or (904) 825-1746

#### Part A

Student Name: \_\_\_\_\_ Campus:  SA  SD

Facility Name: \_\_\_\_\_

FWS Name \_\_\_\_\_ Department Phone: \_\_\_\_\_

# of Day(s) Absent: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_

Makeup Date(s) \_\_\_\_\_

#### Part B – To Be Completed by Student (check only one answer for each question)

1. Are you making progress on your goals  Yes  No
2. Are you receiving adequate/constructive formative and summative feedback?  Yes  No
3. Are you receiving daily feedback and mentorship?  Yes  No
4. Do you feel prepared for this experience?  Yes  No
5. Are you seeing a good variety of patients, treatment approaches, and experiences?  Yes  No
6. Do you need a phone call or e-mail?  Yes  No

Please comment on any negative response to questions 1-5: \_\_\_\_\_

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

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

#### Part C – To Be Completed by Fieldwork Supervisor

1. Is the student prepared academically to meet the demands of the patient/clientele?  Yes  No
2. Is the student integrating their didactic knowledge with clinical application?  Yes  No
3. Is the student making progress on meeting his/her goals?  Yes  No
4. Is the student receptive to your feedback and mentorship?  Yes  No
5. Does the student demonstrate effective communication skills with patients, families, health care team members, and you? (Verbal, nonverbal, written, and listening)  Yes  No
6. Is the student safe in their clinical application and professional conduct?  Yes  No
7. Do you need a phone call or e-mail?  Yes  No

Comments: \_\_\_\_\_

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

\_\_\_\_\_  
**Fieldwork Supervisor Signature**

\_\_\_\_\_  
**Date**