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

Date of completing this form: Part A – Student Information Student Name Class \_\_\_\_\_ Student Phone (after Hours) Current Student Address Student Email Address Part B - Fieldwork Information Facility Name & Address **FWE Name** FWE Email FWE received USA Educator packet? FWE Yrs of OT Practice Dept. Phone # What is your department? (acute, opt, rehab) 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) ☐ Yes ☐ No 1. Did you have any problems traveling or finding your facility? Comments or problems: ☐ Yes 2. Are your housing conditions neat, clean, safe, acceptable? Comments or problems: 3. Has your fieldwork educator given you an orientation to the facility and their policies and ☐ Yes □ No procedures or is one scheduled within this first week? Comments or problems: 4. Have you and your fieldwork educator reviewed/developed fieldwork goals? (Should be ☐ Yes addressed within the first three days) Comments or problems: 5. Have you and your fieldwork educator established a schedule to meet and review goals □ Yes  $\square$  No and objectives, along with providing feedback on performance? Comments or problems: ☐ Yes □ No 6. Does your fieldwork educator demonstrate knowledge of your level of education? Comments or problems: ☐ No 7. Do you feel prepared to meet the needs of the patient population at this facility? ☐ Yes Comments or problems: ☐ Yes □ No 8. Do you feel that this facility will help you meet your goals and objectives? Comments or problems: ☐ No ☐ Yes 9. Has the fieldwork educator requested anything from the University?

If "yes", what?