



UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

INSTITUTE OF OCCUPATIONAL THERAPY

FIELDWORK LEVEL II STUDENT UPDATE – WEEK THREE 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