

Please update our records by completing the form below and returning it with the agreement review letter.

## COMMUNITY AGENCY FIELDWORK DATA FORM

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

**Name of Facility:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Business Organization** (Corporation, Partnership, Sole Proprietor, etc.): \_\_\_\_\_

**Title of Parent Corporation** (if different from facility name): \_\_\_\_\_

**State of Incorporation:** \_\_\_\_\_

**Fieldwork Site Agreement Negotiator:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b><u>FW I</u></b> Contact Person: Phone: Credentials: Email:	Director: Phone: Fax: Website Address:	<b>Corporate Status:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> State Gov't.
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### **OT FIELDWORK PRACTICE SETTINGS** (ACOTE Form A #s noted)

**Community-based Settings:**

- Peds Community (2.1)
- Behavioral Health Community (2.2)
- Older Adult Community Living (2.3)
- Older Adult Day Program (2.4)
- Outpatient/Hand Private Practice (2.5)
- Adult Day Program for DD (2.6)
- Home Health (2.7)
- Peds Outpatient Clinic (2.8)

**Age Groups:**

- 0 – 5
- 6 – 12
- 13 – 21
- 22 – 64
- 65+

**Number of Staff:**

- \_\_\_\_\_ OTRs
- \_\_\_\_\_ COTAs
- \_\_\_\_\_ Aides
- \_\_\_\_\_ PTs
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Resource Teachers
- \_\_\_\_\_ Counselors/Psychologists
- \_\_\_\_\_ Other

*Continued on reverse side*

**STUDENT PREREQUISITES** (Check all that apply)

(ACOTE Form A #s noted)

- CPR
- Medicare/Medicaid Fraud Check
- Criminal Background Check
- Child Protection/Abuse Check
- Adult Abuse Check
- Fingerprinting
- First Aid
- Infection Control Training
- HIPAA Training
- Prof. Liability Ins.
- Own Transportation
- Interview

**HEALTH REQUIREMENTS**

- HepB
- MMR
- Tetanus
- Chest X-ray
- Drug Screening
- TB/Mantoux
- Physical Checkup
- Varicella
- Influenza

Please list any other requirements:

**IDENTIFY SAFETY PRECAUTIONS IMPORTANT AT YOUR SITE**

- Medications
- Post-surgical (list procedures)
- Contact guard for ambulation
- Fall risk
- Other (describe):
- Swallowing/choking risks
- Behavioral system/privilege level (locked areas, grounds)
- Sharps count
- 1:1 safety/suicide precautions

**STUDENT WORK SCHEDULE & OUTSIDE STUDY EXPECTED**

Schedule—Hrs/Week or Day: /

Do students work weekends?

Yes

No

Do students work evenings?

Yes

No

**DESCRIBE LEVEL OF STRUCTURE FOR STUDENT**

High

Moderate

Low

**DESCRIBE LEVEL OF SUPERVISORY SUPPORT FOR STUDENT**

High

Moderate

Low