

# The University of Findlay Master of Occupational therapy Programs

## Fieldwork Objectives Agreement

Please review and check one:

- I have read and reviewed the Course Syllabus for the Level I and Level II Fieldwork Objectives. **I WILL USE THESE OBJECTIVES** for students from The University of Findlay.
- I have read and reviewed the Course Syllabus for the Level I and Level II Fieldwork Objectives. **I WILL USE THE FACILITY-GENERATED OBJECTIVES** that will be sent to the Academic Fieldwork Coordinator at The University of Findlay's Occupational Therapy Program for review.

\_\_\_\_\_  
Signature, OT Fieldwork Educator Coordinator

\_\_\_\_\_  
Print Name

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

Facility Address:

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

\_\_\_\_\_  
Date