

The University of Findlay
Occupational Therapy
Level I Fieldwork Student Evaluation
OCTH 513, 514

Adapted from the Philadelphia Region Fieldwork Consortium FW Student Evaluation

Student: _____ Facility: _____
 Supervisor: _____ Practice Area(s): _____

Indicate the student's level of performance using the scale below.

- 1=Well Below Standards:** Performance is weak in most required tasks and activities. Work is frequently unacceptable.
- 2=Below Standards:** Opportunities for improvement exist however student has not demonstrated adequate response to feedback. Work is occasionally unacceptable.
- 3=Meets Standards:** Carries out required tasks and activities. This rating represents good, solid performance.
- 4=Exceeds Standards:** Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
- 5=Far Exceeds Standards:** Carries out tasks and activities in consistently outstanding fashion. Performance is the best that could be expected from any student.

<p>1. Time Management Skills Consider ability to be prompt, arrive on time, and complete assignments on time. Comments:</p>	<p>1 2 3 4 5</p>
<p>2. Organization Consider ability to set priorities, be dependable, be organized, and follow through with responsibilities. Comments:</p>	<p>1 2 3 4 5</p>
<p>3. Engagement in the fieldwork experience: Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes. Comments:</p>	<p>1 2 3 4 5</p>
<p>4. Self-Directed Learning Consider ability to take responsibility for own learning; demonstrate motivation. Comments:</p>	<p>1 2 3 4 5</p>
<p>5. Reasoning/ Problem Solving Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information. Comments:</p>	<p>1 2 3 4 5</p>
<p>6. Written Communication Consider grammar, spelling, legibility, successful completion of written assignments, documentation skills Comments:</p>	<p>1 2 3 4 5</p>

<p>7. Initiative Consider initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed. Comments:</p>	<p>1 2 3 4 5</p>
<p>8. Observation Skills Consider ability to observe relevant behaviors for performance areas and performance components and to verbalize perceptions and observations. Comments:</p>	<p>1 2 3 4 5</p>
<p>9. Participation in the Supervisory Process Consider ability to give, receive and respond to feedback; seek guidance when necessary; follow proper channels. Comments:</p>	<p>1 2 3 4 5</p>
<p>10. Verbal communication and Interpersonal skills with patients/clients/ staff/caregivers Consider ability to interact appropriately with individuals of any culture. For example eye contact, empathy, limit setting, respectfulness, use of authority, etc; degree/quality of verbal interactions; of body language and non-verbal communication; exhibits confidence. Comments:</p>	<p>1 2 3 4 5</p>
<p>11. Professional and Personal Boundaries Consider ability to recognize/handle personal/professional frustrations; balance personal/professional obligations; handle responsibilities; work with others cooperatively, considerately, effectively; responsiveness to social cues. Comments:</p>	<p>1 2 3 4 5</p>
<p>12. Use of professional terminology Consider ability to respect confidentiality; appropriately apply professional terminology (such as uniform terminology, acronyms, abbreviations, etc.) in written and oral communication. Comments:</p>	<p>1 2 3 4 5</p>
<p>13. Ability to think holistically and in a person centered manner Consider ability to gather data about the whole person such as their beliefs, culture, environment, roles, habits, and physical/cognitive abilities when forming ideas for treatment, the plan of care and/or discharge planning. Also consider the students ability to articulate how psychological and social factors influence engagement in occupations and programming. Comments:</p>	<p>1 2 3 4 5</p>

PLEASE NOTE: Requirements for passing:
Score of 37/65 with no more than one item below a “2” or No more than two items below a “3”
***Level I Student Self Evaluation must be signed by both the Student and Fieldwork Educator**

Checking this box indicates that you have reviewed assignments with the student related to this fieldwork experience.

Final Score: _____/65 Pass Fail

Student Signature/ Date Fieldwork Educator Signature/Date

Additional Comments: