

D'YOUVILLE COLLEGE
STUDENT EVALUATION OF LEVEL I FIELDWORK

This Level I Fieldwork Experience is associated with: OT 429 OT 529 (Child & Adoles)
 OT 434 OT 634 (Adult & Geriatr)

Name of Facility/Center: _____

Address: _____

Phone Number: () _____ Fax #() _____ E-Mail _____

1. What aspects of the fieldwork most contributed to your learning?
2. What aspects of the fieldwork least contributed to your learning?
3. What suggestions do you have for improving the fieldwork experience?
4. How could you have been better prepared for this Level I fieldwork?
5. What activities/responsibilities should be included next time?
6. Did you have access to e-mail/Internet throughout fieldwork?

NOTE: BOTH the student and the supervisor must sign this form. Signature indicates review; it does not necessarily imply agreement.	
Student's name: (printed) _____	Supervisor's name: (printed) _____
STUDENT: (signature) _____	SUPERVISOR: (signature) _____
DATE: _____	DATE: _____

WHITE to DYC

PINK to SITE

YELLOW to STUDENT