

**D'YOUVILLE COLLEGE – Occupational Therapy Community Practice Performance Report**

**Student Name:** \_\_\_\_\_  
(Last) (First)

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**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)

**Phone Number:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **E- Mail Address:** \_\_\_\_\_

**Project Description:**

**SUMMARY OF PERFORMANCE:**

	<u>Poor (2)</u>	<u>Below Average (4)</u>	<u>Average (6)</u>	<u>Above Average (8)</u>	<u>Excellent (10)</u>
PROFESSIONAL CHARACTERISTICS	___	___	___	___	___
COMMUNICATION SKILLS	___	___	___	___	___
ASSIGNMENT COMPLETION	___	___	___	___	___

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

**COMMENTS:**

This student's greatest strengths at this time are:

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

Recommendations for further professional development include:

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

Other Comments:

I have read this report:

Student's name (printed) \_\_\_\_\_ Signature of student: \_\_\_\_\_

Supervisor's name (printed) \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

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

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

**ADD COPY OF TRACKING HOUR SHEET TO THIS FORM**

**PLEASE return this form to the student as they are responsible for submitting all appropriate paperwork  
Thank you for your cooperation and willingness to assist our students in their professional development!**