

STUDENT LEVEL I EVALUATION OF PROFESSIONALISM

STUDENT NAME:		DATES/HRS OF FIELD EXPERIENCE:		
FACILITY SUPERVISOR - NAME and CREDENTIALS/TITLE:		Years of Experience:		
Email address:				
FACILITY NAME:				
ITEMS:		Level of Standards		
<p align="center">Please check the box that indicates the student's level of performance</p> <p>1 "below" = Opportunities for improvement but poor response to feedback and work is occasionally unacceptable</p> <p>2 "meets" = Carries out required tasks and activities. Solid performance.</p> <p>3 "above" = Carries out tasks and activities that often surpass requirements. Performance is the best that can be expected from any student.</p>		Below 1	Meets 2	Above 3
1. Dependability (consider ability to arrive on time, follows through on assignments, notifies supervisor of schedule issues)				
2. Competence (consider ability to be prepared, asks for help when needed, demonstrate flexibility, ensures safety, comfort, and rights of clients)				
3. Communication (consider ability to use appropriate level of language, positive non-verbal communication and tone, maintain boundaries, responds well to and uses feedback)				
4. Integrity (consider ability to respect and maintain confidentiality, act with honesty, accept responsibility for self, value and care for the equipment and resources of the facility)				
5. Cooperation and Teamwork (consider ability to make positive contributions to the team process, accept group decisions, complete own share of the work, give credit to those who deserve it)				
6. Empathy/Compassion (consider ability to be non-judgmental and respectful, culturally sensitive, and listen actively)				
7. Initiative/Self-directed learning (consider ability to be motivated, to seek out opportunities to acquire information from a variety of sources, and accept and apply feedback)				
8. Professional Appearance (consider appropriate clothing, good personal hygiene, appropriate body posture and facial expressions that send reassuring messages to clients)				
Final Score: Requirement for Passing: (no more than one item with a score of "1")				
Comments				
Supervisor Signature:		Date:		

Evaluation form developed from:

Napier, B. (2011). *Occupational therapy fieldwork survival guide: A student planner, 2nd ed.* Bethesda, MD: AOTA Press.