

D'YOUVILLE COLLEGE
STUDENT EVALUATION OF LEVEL I FIELDWORK EXPERIENCE

This Level I Fieldwork Experience is associated with the following Occupational Therapy Course:

___ OT 429 [BS/MS] or ___ OT 529 [MS]: Child & Adolescent Intervention

OR

___ OT 434 [BS/MS] or ___ OT 634 [MS]: Adult & Geriatric Intervention

Name of Facility/Center: _____

Address: _____

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

1. What aspects of the fieldwork <u>most contributed</u> to your learning?
2. What aspects of the fieldwork <u>least contributed</u> to your learning?
3. What suggestions do you have for <u>improving</u> the fieldwork experience?
4. How could you have been <u>better prepared</u> for this Level I fieldwork?
5. What <u>activities/responsibilities</u> should be retained/included next time?
<p>BOTH the <u>student</u> and the <u>supervisor</u> must <i>sign</i> this form.</p> <p>Student's name: _____ Supervisor's name: _____ (printed) (printed)</p> <p>STUDENT _____ *SUPERVISOR: _____ (signature) (signature)</p> <p style="text-align: right;">*Signature denotes review-does not necessarily imply agreement</p> <p>DATE _____ DATE: _____</p>