

Elizabethtown College
Department of Occupational Therapy

STUDENT EVALUATION OF THE LEVEL I FIELDWORK EXPERIENCE

___ OT 332 ___ OT 433 ___ OT 434

Semester: _____ Note: PLEASE COMPLETE THIS FORM IN BLUE OR BLACK INK.

Fieldwork Facility (no abbreviations please): _____

Please comment on the type of experience which was available at the facility in the following areas:

1. Relevance of learning in the fieldwork to course material

A. Exposure to and types of patients seen (# of pts, diagnoses, ages of patients):

B. Amount and value of hands on experiences (if observation only, comment on the value of these experiences):

C. Value of recording experiences in structured journal (how did journaling impact the value of your clinical experience? If you weren't require to, would you have benefited from this strategy?):

D. Value of fieldwork assignments (how did these facilitate what you learned in the clinic?):

2. Supervision:

A. Type and amount:

B. Provided requested/needed information:

3. Experiences which were particularly beneficial to your growth and learning during the fieldwork:

4. In what ways could this fieldwork have been improved to enhance your and future students' growth and learning?

5. Any additional comments:

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please return to: Fieldwork Coordinator
Department of Occupational Therapy
Elizabethtown College
One Alpha Drive
Elizabethtown, PA 17022