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