Northwood Technical College Occupational Therapy Assistant Fieldwork Handbook

Week Two Review for the Fieldwork Student

Fieldwork IIA & IIB

Complete this form by the end of your second week of Fieldwork IIA and Fieldwork IIB. Your Fieldwork Educator(s) must sign the form. Return the completed form to your Northwood Tech Academic Fieldwork Coordinator. The form must be word processed. Upload the completed form onto Blackboard.

1. My orientation to the facility p	repared me for my Fieldwor	rk Experience. The orier	ntation included
facility policies and procedures.			

Mark: Yes No Give a brief description:

2. I know the assignments and expectations for this Fieldwork Experience.

Mark: Yes No Give a brief description:

3. I know what the fieldwork site's student objectives are and they include a psychosocial objective.

Mark: Yes No Give a brief description:

4. This fieldwork placement correlates with my academic program.

Mark: Yes No Give a brief description:

5. I have been provided with adequate feedback regarding my performance.

Mark: Yes No Give a brief description:

6. My Fieldwork Educator(s) is providing direct supervision as appropriate for the setting and the severity of the client's conditions.

Mark: Yes No Give a brief description:

7. I am aware of who my Fieldwork Educator(s) is and who to contact with any concerns/issues regarding this placement.

Mark: Yes No Give a brief description:

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Additional Comments:	
Student Name (Printed):	
Student Signature:	Date:
Supervisor(s) Name (Printed):	
Supervisor(s) Signature:	Date: