



OCCUPATIONAL THERAPY ASSISTANT PROGRAM
OTA Fieldwork IIA and IIB
Student/FW Educator Weekly Review

The purpose of the Student/FW Educator Weekly Review is for students and FW Educators to have clear communication of student expectations from week to week. Students should type in the responses to the following questions with their FW Educator present and both parties sign off on the form. Handwritten or digital signatures accepted.

Week #:

Date:

1. Did the student attend all scheduled fieldwork days and hours with expectation of 35-40 hour/4-5-day work?
 - a. Yes
 - b. No
 - i. Date and hours missed:
 - ii. Reason:
 - iii. Make-up plan:
2. What was at least one observed strength of the student this week?
3. What is at least one area for improvement or growth for next week?
4. Identify at least three goals for next week:
 - a.
 - b.
 - c.
5. What are the additional learning opportunities you are engaging in this week (beyond caseload)?

Student's Signature:

FW Educator's Signature: