

Wisconsin Indianhead 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 WITC Academic Fieldwork Coordinator. The form must be word processed. Upload the completed form onto Blackboard.

If you answer "no" to any question, please clarify. When your answer is "yes" give a brief description of the activity.

1. My orientation to the facility prepared me for my Fieldwork Experience. The orientation included facility policies and procedures.

Yes No

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

Yes No

3. This fieldwork placement correlates with my academic program.

Yes No

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

Yes No

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

Yes No

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

Yes No

Additional Comments:

Student Name (Printed): _____

Student Signature: _____ Date: _____

Supervisor(s) Name (Printed): _____

Supervisor(s) Signature: _____ Date: _____