

BELMONT UNIVERSITY
School of Occupational Therapy Master of Science Program
Level I Fieldwork Evaluation

Student's Name: _____
 Fieldwork Supervisor's Name: _____
 F/W Supervisor's telephone number: _____
 Name of facility: _____
 Address of facility: _____

Dates student was on-site: _____
 Total number of hours completed: _____

Grading Key:	Exceeds expectations for Level I F/W	5
	Meets expectations for Level I F/W	4
	Needs improvement	3
	Unacceptable	0

Note: This evaluation form is to be used in conjunction with the Level I F/W Objectives. In order to pass the Level I rotation the student must have a total score of 80 or higher, with no items receiving a score of "0" – "unacceptable". Please note, Supervisors are requested to assure that the student has the opportunity to practice all of the behaviors on the evaluation form, therefore, **N/A should not be used for any item.**

For assistance with completing this form please contact Marsey Waller, OTR, OTD Academic Coordinator of Clinical Education via e-mail or phone at wallerem@mail.belmont.edu or 615-460-6704. Fax 615-460-6475.

Objective	Midterm Grades	Final Grade	Comments – note a grade of 0 or 3 must include evidence to support grade
Professional Behaviors:	No grade	No grade	
1. Dependability			
2. Respect for confidentiality			
3. Time management			
4. Initiative & Responsibility			
5. Assesses own strengths & limitations accurately			
6. Content prepared			
7. Advocates for client			
8. Demonstrates enthusiasm for learning			
Communication Skills:	No grade	No grade	
9. Incorporates professional terminology into oral and written communication.			
10. Expresses feelings & attitudes appropriately			
11. Seeks and accepts feedback			

12. Modifies behavior appropriately			
Clinical Skills:	No grade	No grade	
13. Identifies the impact of disability/condition and environment on client's performance			
14. Identifies strategies for facilitating client performance as appropriate			
15. Identifies needs of agency/facility with assistance of supervisor.			
16. Obtains and/or identifies pertinent patient/client information.			
17. Identifies an understanding of client needs.			
18. Communicates relevant observations related to patient/client.			
Individualized Student/Fieldwork Goals. Include student/supervisor signatures.	No grade	No grade	
19.			
20.			
Total Score: (please add individual items)			

Concerns about student's progress at midterm: _____

General comments: _____

* Please mail the completed evaluation back to Belmont University once the student's affiliation has been completed.

Signature of Rater/Supervisor

Date

Position

I have read this report:

Signature of Student

Date