Fieldwork Arrival Form

Student, please complete this section.

Student’s Name: ___________________________________________________________________________________
Class: MSOT 20 ______________________
Student’s Email Address: ___________________________________________________________________________
Student’s Cell Phone: _______________________________________________________________________________
Emergency Contact during Fieldwork: Name __________________________________________________________
Emergency Contact’s Phone Number __________________________________________________________________
Professional Learning Goal 1):

______ Fieldwork Educator Initial for approval of goal

Professional Learning Goal 2:

______ Fieldwork Educator Initial for approval of goal

Fieldwork Educator, please complete the remainder of the form.

Circle One: Level I Level II
Developmental Focus of Fieldwork (Circle one): Pediatric Psychosocial / Emerging Practice Area Older Adult / Adult
Supervision model: □ 1:1
□ Collaborative Model (i.e. 2 therapists: 1 student)
□ Multiple students supervised by 1 therapist (ratio: ________)
□ Other (please describe briefly) _________________________________________________________________

Type of Facility (Ex., acute care, school, private hand clinic, outpatient rehab, private pediatric clinic, etc.):

Fieldwork Site Name: ____________________________________________________________________________
Fieldwork Site Address: __________________________________________________________________________
City: ______________________________ State: __________________ Zip: ________________________________

1 MSOT Arrival Form
Revised 1/2017
Start Date of Fieldwork Rotation: _______________________________________________________

Fieldwork Educator’s Name and Credentials: ____________________________________________

Fieldwork Educator’s Email Address: __________________________________________________

Fieldwork Educator’s Cell Phone Number: _____________________________________________

Fieldwork Educator’s Work Number: __________________________________________________

Fieldwork Educator’s Fax Number: ____________________________________________________

Fieldwork Educator’s Number of Years since licensure? (ACOTE Standard C.1.10): ____________

(Please attach copy of state license in which your Fieldwork Educator practices)

Number of years supervising students: __________________________________________________

I have reviewed and agree with the Fieldwork Manual of Belmont University’s School of Occupational Therapy (SOT) program and feel this site is consistent with SOT’s Therapy’s curricular themes.

Belmont MSOT Curricular Themes most applicable to my site: (Please check all that apply)

☐ Critical Thinking/ Clinical Reasoning

☐ Professional Development through Engagement

Definitions:

**Critical thinking and clinical reasoning:** The curriculum reflects developing theory and evidence in occupational therapy. Curricular experiences require the student to engage in critical thinking and scholarly inquiry to examine and analyze information, including research, expert opinion, as well as anecdotal information. These experiences enable students to disseminate current and valid information to consumers and/or other health care professionals. Through these experiences students also develop their ability to identify evidence-based practice. Analysis of case scenarios is used to develop the clinical reasoning process to assist students to consider the multitude of factors that influence engagement in occupation and affect consideration of best practice.

**Professional Development through Engagement:** The curriculum emphasizes the importance of professional growth. This includes the development of professional behaviors and ethical conduct, needed for participation in educational activities and practice. Students are provided with experiences to promote self-assessment and reflection in an effort to develop and implement goals and activities related to development of entry-level practice competence. The curriculum provides learning experiences to build upon the students’ knowledge and skills necessary for meaningful and successful engagement in settings where occupational therapy is currently practiced and where it is emerging as a service. The curriculum includes professional development activities to enable one to assume a variety of occupational therapy roles which may include the role of direct care provider, consultant, educator, manager, researcher, and advocate for the profession and the consumer.

How would the Fieldwork Educator prefer to receive a certificate documenting supervision (please check preference and provide legible address):

☐ Email: _____________________________________________________________________________

☐ Post Office: _________________________________________________________________________

Student Signature: ___________________________ Date: ____________________________

Fieldwork Educator Signature: ___________________________ Date: _________________________

Level II Fieldwork Educators ONLY:

I received the packet containing the letter, the course syllabus, AOTA Fieldwork Performance Evaluation booklet, and liability insurance.

Initial: ______________ Date: ______________

*****Student, please submit a PDF (NOT A JPEG) of this form to Blackboard by the end of your first week of fieldwork.*****