

**Washington University School of Medicine
Program in Occupational Therapy**

LEVEL II FIELDWORK MID-TERM FEEDBACK FORM

This form should be utilized as a companion document to the AOTA Fieldwork Evaluation for mid-term review. The form is to be completed by the student and discussed with the fieldwork instructor prior to the students' mid-term review. It is hoped that this document will assist the student in identifying personal strengths and areas of growth, as well as facilitating discussion between the fieldwork instructor and student regarding student status at mid-term. As with the mid-term review, it is not necessary to return this form to the Coordinator of Student Clinical and Professional Development. If student or instructor notes concerns on the review, then those concerns should be shared with the Coordinator.

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Student: _____

Fieldwork Instructor: _____

Agency: _____ Date: _____

Orientation:

1. Did you receive an adequate orientation? If no, please comment.
2. Have you been made to feel welcome at this agency?
3. Do you feel that the expectations were clearly defined during the orientation period?
4. Do you feel the need for further or additional orientation? If so, identify those areas.

Assignments/ Client Caseload:

1. Do you have a clear understanding of all assignments and what is expected/
2. Do you understand the rationale behind the assignments?
3. Are you completing required documentation as requested and in a timely manner? If no, why not?
4. How many hours per week are you spending on work related assignments outside of the scheduled work day?

5. Do you feel that you are maintaining a client caseload that is appropriate for your skill level at this time?
6. Are you able to find resource and reference material for your client needs and special interests?
7. Do you have any special interest areas that you would like to pursue during the remainder of your affiliation?

Supervision:

1. Do you feel that you are receiving consistent supervision and feedback? If no, please identify ways and areas in which you would like further supervision.
2. Have suggestions and expectations been constructive?
3. Are you receiving feedback in a timely manner?

Communication:

1. Is communication open and constructive?
2. Are there any ways that you could improve communication? How about your instructor?
3. Do you feel comfortable seeking assistance from professional staff and personnel from other disciplines?
4. Have you had the opportunity to supervise assistants, technicians, etc.?

5. Are you comfortable with oral reports?

- with instructor
- in staff/department meetings
- family/client conferences
- other

6. Are you comfortable with written reports?

- note writing
- interdisciplinary reports
- funding requests

Professionalism/Personal Development:

1. Have you encountered a situation in which you felt that you were truly “an OT” and felt confident in your skills? If so please describe the situation and your actions.

2. Have you encountered a situation in which you felt that you were not prepared to deal with? If so, please describe the situation, how/why you did not feel prepared, and the actions you took. Describe in what ways you feel that the situation should have been handled.

3. Identify your strengths.

4. Identify further skills and areas for future development that are important to you.