Fieldwork Level II Documentation Form

<table>
<thead>
<tr>
<th>Date of Visit:</th>
<th>Begin Time:</th>
<th>End Time:</th>
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Site Name:  
Fieldwork Educator:  
Student Name:  
Fieldwork Level II Placement: 1 or 2  
Week:  

Check One:  
☐ On Site Visit  ☐ Phone Conference  ☐ Email (attach physical copy of email with completed form)  

Describe the supervision provided to the student:

Describe present clients (diagnoses, age ranges, etc...):

Describe interactions with disciplines (intra/inter-professional), caregivers, and other:

Describe unique/special learning opportunities:

Number of clients assigned to student caseload:

Interventions utilized by student:

Student’s ability to grade activities:

Quality of documentation by student:

Additional Notes:

Revised 06/2014
FW Data: Upon review of the ATOA FW Data Form, documents revisions or approval in the space provided.

Site Specific Objectives: Upon review of SSO, document revisions or approval in the space provided.

______________________________________________________________________________    _______________________________________________________________________
Fieldwork Educator Signature                                           Date

______________________________________________________________________________    _______________________________________________________________________
OTA Student                                                              Date

______________________________________________________________________________    _______________________________________________________________________
CFCC Academic Fieldwork Coordinator                                   Date

Revised 06/2014