



- Site Folder Checklist- Current:**
- MOU/Contract
 - Affidavit of Congruence
 - FW Educator Information Form
 - Site Specific Objectives (as needed)
 - AOTA Fieldwork Data Form
(completed and./or revised as needed)

Fieldwork Level II Documentation Form

Date of Visit:	Begin Time:	End Time:
Site Name:	Fieldwork Educator:	
Student Name:		
Fieldwork Level II Placement: 1 or 2		Week:
Check One: <input type="checkbox"/> On Site Visit <input type="checkbox"/> Phone Conference <input type="checkbox"/> 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:

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

FW Data:

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

Site Specific Objectives:

Fieldwork Educator Signature

Date

OTA Student

Date

CFCC Academic Fieldwork Coordinator

Date