



- Site Folder Checklist- Current:**
- MOU/Contract
 - Affidavit of Congruence
 - FW Educator Information Form
 - Site Specific Objectives (as needed)

Fieldwork Level I Documentation Form

Date of Visit:	Begin Time:	End Time:
Site Name:	Supervisor Name:	
Student Name:		
Fieldwork Level I Placement: 1 2 3		
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:

Fieldwork Educator Comments:

Student Comments:

Fieldwork Educator Signature

Date

OTA Student

Date

CFCC Academic Fieldwork Coordinator

Date