

**DUQUESNE UNIVERSITY
DEC DATA FORM**

Date:

Name of Site:

Address: Street:

City:

State:

Zip:

DEC

Site supervisor:

External mentor:

Credentials:

Credentials:

Phone:

Phone:

Email:

Email:

Director of facility:

Corporate Status:

Phone:

For profit

Fax:

Nonprofit

Website address:

State Gov't

Federal Gov't

DEC Settings:

Hospital-based settings:

- Inpatient Acute
- Inpatient Rehab
- SNF/Sub-Acute/Acute Long-Term Care
- General Rehab Outpatient
- Outpatient Hands
- Pediatric Hospital/Unit
- Inpatient Psychiatric

Community-based settings:

- Pediatric Community
- Behavioral Health Community
- Older Adult Community Living
- Older Adult Day Program
- Outpatient/Hand Private Practice
- Adult Day Program for DD
- Home Health
- Pediatric Outpatient Clinic

School-based settings:

- Early Intervention
- School

Other area(s): Please specify:

Age Groups:

- 0-5
- 6-12
- 13-21
- 22-64
- 65+

Number of Staff:

OTRs:

Speech:

OTAs/COTAs:

Resource Teacher:

Aides:

Counselor/Psychologist:

PTs:

Other:

Student Prerequisites (check all that apply):

- CPR
- Medicare/Medicaid fraud check
- Criminal background check
- Child protection/abuse check
- Adult abuse check
- Fingerprinting
- First aid
- Infection control training
- HIPAA training
- Prof. liability insurance
- Own transportation
- Interview

Health Requirements:

- Hep B
- MMR
- Tetanus
- Chest x-ray
- Drug screening
- Drug screening
- TB/Mantoux
- Physical check up
- Varicella
- Influenza
- Please list any other requirements:

Please list how students should prepare for a DEC placement such as doing readings, learning specific evaluations/interventions used in your settings:

Student work schedule:

*A minimum of 16 weeks (640 hours) must be completed. No more than 20% of the 640 hours can be completed outside of the mentored practice setting.

Schedule hrs/week/day:

Other:

Do students work weekends? yes no

Room provided: yes no

Do students work evenings? yes no

Meals: yes no

Describe level of structure for student:

Stipend provided: yes no

High

Stipend amount:

Moderate

Low

Describe level of supervisory support for student:

High

Moderate

Low

Describe the DEC environment/atmosphere for student learning:

Describe available public transportation:

Describe the role of occupational therapy in this setting:

Please identify any external review agencies that accredit/recognize this setting and year of accreditation/recognition. Examples: JCAHO, CARF, Department of Health, etc.

Describe the DEC site mission or purpose (can be attached):

Name of student:

Dates of DEC: