

# DUQUESNE UNIVERSITY

## DEC Site Visit/Call Form

Student name: \_\_\_\_\_ Site: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Contact:  Call  Visit Dates of experiential: \_\_\_\_\_ Phone #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Setting: \_\_\_\_\_

Population(s): \_\_\_\_\_

Comments:

| Discussion Items   | Student   | Site Supervisor   |
|--|---|---|
| <b>DEC</b>   | <p><b>Orientation to site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Met staff:</b></p> <p><b>Discuss Site-Specific Objectives:</b></p> <p><b>On track to meet?</b><br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Comments:</b></p> <p><b>Workplace for student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>Orientation to site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Met staff:</b></p> <p><b>Discuss Site-Specific Objectives:</b></p> <p><b>On track to meet?</b><br/><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Comments:</b></p> <p><b>Workplace for student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><b>Level of Supervision</b></p> <p><input type="checkbox"/> Discrepancy noted between Site Supervisor and Student</p> | <p><b><u>Level of Supervision:</u></b></p> <p><input type="checkbox"/> Type/level of supervision</p> <p><b>Supervision conducive to learning experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Comments:</b></p>   | <p><b><u>Level of Supervision:</u></b></p> <p><input type="checkbox"/> Type/level of supervision</p> <p><b>Supervision conducive to learning experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Comments:</b></p>   |

**Communication Skills**

Discrepancy noted between Site Supervisor and Student

**Methods of Communication/Feedback:**

- Formal meeting times set  
If yes, how often: \_\_\_\_\_
- Ongoing, informal communication
- Use of weekly communication sheets
- Other: \_\_\_\_\_

**Who initiates the communication?**

- Student     Site Supervisor
- Student or Site Supervisor

**FwEd provides constructive feedback**

- Always     Most of the time
- Sometimes     Never

**Communication/collaboration with other professionals:**

**Methods of Communication/Feedback:**

- Formal meeting times set  
If yes, how often: \_\_\_\_\_
- Ongoing, informal communication
- Use of weekly communication sheets
- Other: \_\_\_\_\_

**Who initiates the communication?**

- Student     Site Supervisor
- Student or Site Supervisor

**Student accepts constructive feedback**

- Always     Most of the time
- Sometimes     Never

**Nonverbal communication:**

- Appropriate
- Inappropriate

**Communication/collaboration with other professionals:**

|   |   |   |
|---|---|---|
| <p><b>Professional Behaviors</b></p> <p><input type="checkbox"/> Discrepancy noted between Site Supervisor and Student</p>            | <p><b><u>Problem solving skills require guidance:</u></b></p> <p><input type="checkbox"/> Some of the time<br/> <input type="checkbox"/> Most of the time<br/> <input type="checkbox"/> All of the time</p> <p><b><u>Integration of Site Supervisor's feedback:</u></b></p> <p><input type="checkbox"/> Some of the time<br/> <input type="checkbox"/> Most of the time<br/> <input type="checkbox"/> All of the time</p> <p><b>Time Management:</b></p> <p><b>Use of free time:</b></p> <p><b>Professional Dress:</b><br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> | <p><b><u>Problem solving skills require guidance:</u></b></p> <p><input type="checkbox"/> Some of the time<br/> <input type="checkbox"/> Most of the time<br/> <input type="checkbox"/> All of the time</p> <p><b><u>Integration of Site Supervisor's feedback:</u></b></p> <p><input type="checkbox"/> Some of the time<br/> <input type="checkbox"/> Most of the time<br/> <input type="checkbox"/> All of the time</p> <p><b>Time Management:</b></p> <p><b>Use of free time:</b></p> <p><b>Professional Dress:</b><br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
| <p><b>Project Planning / Implementation</b></p> <p><input type="checkbox"/> Discrepancy noted between Site Supervisor and Student</p> | <p><b><u>Evals/Assessments Used:</u></b></p> <p><b><u>Interventions:</u></b></p> <p><b><u>Does student incorporate EBP into practice?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>Utilization of EBP:</u></b></p> <p><input type="checkbox"/> Texts   <input type="checkbox"/> Web   <input type="checkbox"/> Journals<br/> <input type="checkbox"/> Professionals   <input type="checkbox"/> Others</p>  | <p><b><u>Evals/Assessments Used:</u></b></p> <p><b><u>Interventions:</u></b></p> <p><b><u>Does student incorporate EBP into practice?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>Utilization of EBP:</u></b></p> <p><input type="checkbox"/> Texts   <input type="checkbox"/> Web   <input type="checkbox"/> Journals<br/> <input type="checkbox"/> Professionals   <input type="checkbox"/> Others</p>  |
| <p><b>Preparation for DEC</b></p> <p><input type="checkbox"/> Need to discuss points at faculty meeting</p>                           | <p><b><u>Was academic preparation appropriate?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Comments:</b></p>   | <p><b><u>Was academic preparation appropriate?</u></b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Strengths of DU Program:</b></p>   |

|  |  |   |
|--|--|---|
| <b>Strengths/<br/>Weaknesses</b><br><br><input type="checkbox"/> Discrepancy noted between Site Supervisor and Student | <u><b>Strengths:</b></u><br><br><u><b>Areas for Development:</b></u> | <u><b>Strengths:</b></u><br><br><u><b>Areas for Development:</b></u>                    |
| <b>Additional learning opportunities</b>   | <u><b>Assignments/Projects:</b></u>                                  | <u><b>Other activities:</b></u><br><br><u><b>Any unique activity opportunities:</b></u> |

**Signature acknowledges that OTD Experiential Director performed on-site visit.**

Student Signature: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

OTD Experiential Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Site Call/Visit Form (Continued)**

**Site Supervisor Description:**

Is this your first doctoral student?  Yes  No

Have you been FwEd credentialed?  Yes  No

If no, would you like to be?  Yes  No

Would you like to be notified of any credentialing courses in the area?

Yes  No

Other site supervisor certifications:

Professional memberships:

Did the DEC placement process run smoothly Yes  No

What could the OTD Experiential Director do to facilitate success and improve communication?

Have you attended a continuing education course this year?  Yes  No

Any course topics you are interested in? \_\_\_\_\_

How many years in current position? \_\_\_\_\_

What school did you attend?: \_\_\_\_\_

**Midterm Evaluation Forms:**

Midterm completed and discussed:  Yes  No

Goals & feedback discussed and agreed upon :  Yes  No

Goals:

**Overall performance:**

Above expected level of competence

At expected level of competence

Below expected level of competence

**Comments:**

On track

Follow-up needed

Intervention Required

---

---

---

**If performing site visit:**

First site visit at this site:  Yes  No

Size of site: \_\_\_\_\_

Staffing of site: \_\_\_\_\_

Additional opportunities: \_\_\_\_\_

---

**If any discrepancies noted between Site Supervisor and Student Responses, what action was performed?**

Clarification only was needed from  Site Supervisor  Student  Both

Follow-up was performed via phone

Follow-up was performed during a visit