

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

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

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