



WORCESTER STATE UNIVERSITY

Please return to: Margaret D. Hart, Ph.D., OTR/L
 Worcester State University
 Occupational Therapy Dept.
 486 Chandler Street
 Worcester, MA 01602

Level I Fieldwork Experience Evaluation
 OT 403 Therapeutic Approaches Lab for Elders

Student Name: _____ FW Dates: _____

Facility Name: _____

Address: _____

FW Educator Name: _____ Credentials: _____

FW Educator Email: _____ Phone: _____ Fax: _____

Key to Program Threads:

Professional Behaviors (PB) Clinical Reasoning (CR) Evidence-Based (EB) Person-Environment-Occupational Performance (PEOP)

Grading Criteria:

Meets Expectation (ME): Behaviors at least 85% of the time
Needs Improvement (NI): Behaviors exhibited 50-84% of the time
Unsatisfactory Performance (UP): Behaviors exhibited less than 50% of the time

Thread	Criteria (Student Objectives for Level I Fieldwork)	ME	NI	UP	N/A
PB	Abides by HIPAA regulations				
PB	Abides by clinical setting guidelines: dress, punctuality, hygiene				
PB, CR	Uses good judgment in regard to safety of self and others: asks if unsure				
PB, PEOP	Displays sensitivity to differences in culture and values				
PB	Uses appropriate non-verbal communication skills				
PB, PEOP	Uses verbal communication skills that are appropriate to the setting/client/family				
PB	Written communication: relevant, understandable, legible, concise, organized, correct grammar, spelling				
PB	Can adapt and cope with change: time schedule, demands of setting, assignments				
PB	Modifies performance after constructive feedback: attentive listening, appropriate change in behavior				
PB, CR, EB	Asks appropriate questions, initiates discussion and shares pertinent information with supervisor				

Evaluation of Fieldwork Project: Occupation Kit

Thread	Criteria	Pass	Fail
PEOP	Took initiative to meet with patient to discuss what occupations were most meaningful to him or her		
PEOP	Determined which one of patient's occupations could be used to meet a therapeutic goal		
PEOP	Created an "Occupation Kit" for patient		
PEOP	Used "Occupation Kit" with patient during a treatment session		
PEOP	Donated "Occupation Kit" to facility		

Please provide comments for "Needs Improvement" and "Unsatisfactory Performance" on back of form.



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Scoring of “Needs Improvement” and “Unsatisfactory Performance” should be identified through examples.

Area for Improvement: _____

Example: _____

Area for Improvement: _____

Example: _____

Area for Improvement: _____

Example: _____

Area for Improvement: _____

Example: _____

Area for Improvement: _____

Example: _____
