

EASTERN MICHIGAN UNIVERSITY OCCUPATIONAL THERAPY PROGRAM

STUDENT/SUPERVISOR REVIEW FORM

Date: _____

Student _____ **Fieldwork Educator:** _____

STRENGTHS (what went well? What worked? What needs to continue?):

**AREAS FOR GROWTH (what didn't go well? What needs to improve? What was of concern?
What questions do we have?)**

GOALS FOR TOMORROW:

MEETINGS, ASSIGNMENTS DUE, ETC.