

Eastern Michigan University - Occupational Therapy

STUDENT FEEDBACK on LEVEL I FIELDWORK EXPERIENCE

Student: _____

Date: _____

Facility: _____

☐ OCTH 420

☐ OCTH 516

Supervisor: _____

☐ OCTH 517

Please provide feedback about your Level I Fieldwork experience. This will help us improve the experiences offered. Your information will be kept confidential.

	DISAGREE			AGREE	
Characteristics of supervisor:	1	2	3	4	5
Was accessible to the student	1	2	3	4	5
Encouraged active participation	1	2	3	4	5
Provided structured opportunities to develop clinical skills	1	2	3	4	5
Provided frequent feedback	1	2	3	4	5
Provided support and encouragement	1	2	3	4	5
Was an effective role model in:					
Building rapport with clients	1	2	3	4	5
Defining client problems	1	2	3	4	5
Performing treatment	1	2	3	4	5
Working with other team members	1	2	3	4	5
Professional behavior and values	1	2	3	4	5

Characteristics of the setting:

Were you able to participate at a comfortable pace? Was too much expected? Too little?

Did you have an opportunity to observe a variety of OT or other professional roles, types of service delivery, and/or team interaction?

Was this experience effective in enhancing classroom learning? Please describe.

From your perspective, what are the strengths of this facility for Level I fieldwork education?

Also from your perspective, what are the limitations of this facility as a site for fieldwork education?

What recommendations do you have to improve the quality of the fieldwork experience for others?

Would you recommend that we place students in this particular fieldwork setting again? Why or why not?

Please turn in to your Level I Fieldwork instructor. Thanks for your feedback!