

## STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

### **Purpose:**

This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide objective information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

The following SEWFE was revised for use by the Occupational Therapy Assistant Program as Maria College, Albany, NY.



**Maria College  
Occupational Therapy Assistant Program**

**STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)\***

**Instructions to the Student:**

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site \_\_\_\_\_

Site Address \_\_\_\_\_

Placement Dates: from \_\_\_\_\_ to \_\_\_\_\_

Fieldwork Site Web address: \_\_\_\_\_

**We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
FW Educator's Signature

\_\_\_\_\_  
Student's Name *(Please Print)*

\_\_\_\_\_  
FW Educator's Name and credentials *(Please Print)*

NBCOT Certification # \_\_\_\_\_

FW Educator's years of experience \_\_\_\_\_

Student, please provide your e-mail address here *if you don't mind future students contacting you to ask you about your experience at this site:* \_\_\_\_\_



## OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by *circling* the appropriate number with #1 being least valuable and #5 being the most valuable.

	Number	EDUCATIONAL VALUE toward becoming an entry level practitioner
1. Client/patient screening		1 2 3 4 5
2. Client/patient assessment (Use specific names of assessments)		
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
3. Written treatment/care plans		1 2 3 4 5
4. Discharge summary		1 2 3 4 5
Who was responsible for establishing initial goals for the client?		
Who was responsible for revising established goals as client needs changed?		
Who developed the transitional or discharge plan?		

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

Therapeutic Interventions	Individual	Group	Co-Tx	Consultation
Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. Please be specific.				
1.				
2.				
3.				
4.				
5.				
6.				

Purposeful activity (therapeutic context leading to occupation)				
1.				
2.				
3.				
4.				

Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)				
1.				
2.				
3.				
4.				

My academic education was adequate to allow me to engage in the occupational therapy process with the supervision and guidance of the FW educator from the beginning of this clinical. **YES NO**

**Please comment to clarify:**

### FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of use:	Never	Rarely	Occasionally	Frequently
Model of Human Occupation				
Occupational Adaptation				
Ecology of Human Performance				
Person–Environment–Occupation Model				
Biomechanical Frame of Reference				
Rehabilitation Frame of Reference				
Neurodevelopmental Theory				
Sensory Integration				
Behaviorism				
Cognitive Disability Frame of Reference				
Motor Learning Frame of Reference				
Other:				

**Comment** on your overall preparedness regarding the theory/models of practice/frames of reference used in this setting. What assignments or input from the fieldwork educator/supervisor helped you better understand how theory supports practice?

### ACADEMIC PREPARATION

What were the *strongest* aspects of your academic program relevant to preparing you for this FW II experience?

<input type="checkbox"/> Adapting Environment	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Level I FW	<input type="checkbox"/> Pathology/Med Term.	<input type="checkbox"/> Social Roles
<input type="checkbox"/> Administration	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Neuro	<input type="checkbox"/> Pediatric info	<input type="checkbox"/> Theory/Frame of Reference
<input type="checkbox"/> Anatomy & Physiology	<input type="checkbox"/> Interpersonal communications	<input type="checkbox"/> Occupation	<input type="checkbox"/> Physical Dysfunction	<input type="checkbox"/> Therapeutic Skills
<input type="checkbox"/> Community activities	<input type="checkbox"/> Kinesiology	<input type="checkbox"/> OT Assessments	<input type="checkbox"/> Program design/eval	<input type="checkbox"/> Tx Interventions
<input type="checkbox"/> Computer Use		<input type="checkbox"/> OT History	<input type="checkbox"/> Psychosocial OT	<input type="checkbox"/> Other:
<input type="checkbox"/> Consult/collaboration		<input type="checkbox"/> Older adult info	<input type="checkbox"/> Research	

What changes would you recommend for the academic program relative to the needs of this FW II experience?

## FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ----- 5 = very valuable)

	1	2	3	4	5	N/A	Comments:
<u>Case study applying the Practice Framework</u>							
<u>Evidence-based practice presentation:</u>							
<u>Topic:</u>							
<u>Program development (i.e. starting or revising a treatment group - Topic:</u>							
<u>In-service/presentation</u>							
<u>Topic:</u>							
<u>Research</u>							
<u>Topic:</u>							
<u>Observing another discipline</u>							
<u>Making adaptive equipment/orthotic device</u>							
<u>Readings specific to case load/treatment modalities</u>							
<u>Others (please list)</u>							

## ASPECTS OF THE ENVIRONMENT

	1 = Rarely 2 = Occasionally	3 = Frequently 4 = Consistently	Comment as needed:
Staff and administration demonstrated cultural sensitivity	1 2 3 4		
The OT Practice Framework was integrated into practice	1 2 3 4		
Student work area/supplies/equipment were adequate	1 2 3 4		
Opportunities to network with other professionals	1 2 3 4		
Opportunities to interact with other OT students	1 2 3 4		
Opportunities to interact with students from other disciplines	1 2 3 4		
Staff used a team approach to care	1 2 3 4		
Opportunities to expand knowledge of community resources	1 2 3 4		
Opportunities to participate in scholarly research	1 2 3 4		
Additional educational opportunities ( <i>specify</i> ):			
How would you describe the pace of this setting? (circle one)	Slow	Med	Fast
<b>Types of documentation used in this setting:</b> (using shaded box, check all that apply)			
<input type="checkbox"/> Handwritten	<input type="checkbox"/> Narrative	<input type="checkbox"/> Checklist form	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Electronic	<input type="checkbox"/> SOAP notes	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<b>Typical/average caseload of OT/OTA in this setting:</b> # of clients _____ seen _____ X per day/week. # of minutes in typical treatment session _____.			Ending <b>student</b> caseload expectation: _____ # of clients per week or day
<b>Productivity expectation of OT/OTA in this setting:</b> _____ time allotted for paperwork per day or week _____ time spent in meetings, including care conferences and IEP meetings _____ time spent in direct patient care/billable hours			Ending <b>student</b> productivity expectation: # of clients per day _____ (direct care)

**SUMMARY**

1 = Strongly disagree  
 2 = Disagree  
 3 = No Opinion  
 4 = Agree  
 5 = Strongly agree

	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

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What **advice** do you have for future students who wish to prepare for this placement?

- Read up on the following in advance:

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- Be familiar with the following assessments:

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- Study the following intervention methods:

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**Overall, what changes would you recommend in this Level II fieldwork experience?**

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Please feel free to add any further comments, descriptions, or information concerning fieldwork at this site. (Suggestions for future students to have a successful and rewarding experience.)

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## SUPERVISION

What was the primary model of supervision used? (check one)

- one supervisor : one student                       one supervisor : group of students  
 two supervisors : one student                       one supervisor : two students  
 three or more supervisors : one student (count person as supervisor if supervision occurred at least weekly)  
 distant supervision (primarily off-site)  
 **A supervisory form was used consistently to note student's questions, areas for improvement and strengths.**

List the fieldwork educators who participated in your learning experience.

Name	Credentials	Frequency	Individual	Group
1.				
2.				
3.				
4.				
5.				

Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual involved in your FW education/ supervision.

**FIELDWORK EDUCATOR'S NAME:** \_\_\_\_\_

1 = Strongly Disagree  
 2 = Disagree  
 3 = No opinion  
 4 = Agree  
 5 = Strongly agree

1    2    3    4    5

Provided ongoing positive feedback in a timely manner					
Provided ongoing constructive feedback in a timely manner					
Reviewed written work in a timely manner					
Made specific suggestions to student to improve performance					
Provided clear performance expectations					
Sequenced learning experiences to grade progression					
Used a variety of instructional strategies					
Taught knowledge and skills to facilitate learning and challenge student					
Identified resources to promote student development					
Presented clear explanations					
Facilitated student's clinical reasoning					
Used a variety of supervisory approaches to facilitate student performance					
Elicited and responded to student feedback and concerns					
Adjusted responsibilities to facilitate student's growth					
Supervision changed as fieldwork progressed					
Provided a positive role model of professional behavior in practice					
Modeled and encouraged occupation-based practice					
Modeled and encouraged client-centered practice					
Modeled and encouraged evidence-based practice					

Comment on the frequency of meetings/types of meetings with supervisor (value/frequency):

\_\_\_\_\_

General comments on supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_