**POLK STATE COLLEGE**

 **OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

 **STUDENT EVALUATION OF FIELDWORK FACILITY**

**NAME OF FACILITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF FACILITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIELDWORK AFFILIATION: I \_\_\_\_ II \_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_**

1. Was the orientation to the facility adequate? Yes \_\_\_\_\_ No \_\_\_\_\_

 Please Comment:

2. Were your responsibilities and expectations of you as a student made clear to you by your fieldwork supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

 Please Comment:

3. Do you feel the learning experiences at the facility were modified for you in regard to your previous experience and your own objectives for this fieldwork affiliation? Yes \_\_\_\_ No \_\_\_

 Please Comment:

4. Do you feel you received appropriate supervision based on your experience and skill?

 Yes \_\_\_\_\_ No \_\_\_\_\_

 Please Comment:

5. After the fieldwork educator(s) became familiar with your level of proficiency, do you feel you were given an appropriate amount of responsibility? Yes \_\_\_\_\_ No \_\_\_\_\_

 Please Comment:

6. Did you have the opportunity to observe and/or work in the other patient care departments? If so, please discuss your involvement.

 Yes \_\_\_\_\_ No \_\_\_\_\_

7. Were you provided with adequate space to accommodate your needs, for example, treatment area, charting area, study area, meeting place with fieldwork educator(s), etc?

 Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you feel you received adequate feedback from your fieldwork educator(s) throughout the fieldwork affiliation?

 Yes \_\_\_\_\_ No \_\_\_\_\_

 Please comment:

9. Were you adequately prepared academically for the fieldwork experience at this facility?

 Yes \_\_\_\_\_ No \_\_\_\_\_

 Please comment:

10. What were your objectives and goals for this fieldwork experience?

11. Were your objectives and goals fulfilled?

 Yes \_\_\_\_\_ No \_\_\_\_\_

 Please comment:

12. What do you consider as the strengths of the student fieldwork education program at this facility? Please give specific examples.

13. In what ways could this affiliation have been of greater educational value to you? Please give specific examples.

14. Additional Comments:

Student’s Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_