

Milligan College
Graduate Program in Occupational Therapy
The Student's Evaluation of the Fieldwork Experience

Level I Practicum B – Mental Health

STUDENT NAME: _____
COLLEGE NAME & ADDRESS: Milligan College, P. O. Box 130, Milligan College, TN 37682
FACILITY NAME: _____
FACILITY ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE #: _____ **FAX #:** _____ **EMAIL:** _____
Clinical Supervisor: _____
Type of Setting: Psychosocial _____ Physical Disabilities _____
Dates of Placement: _____ **Number of Hours:** _____
Over All Quality of Experience: _____ Excellent _____ Good _____ Fair _____ Poor

This form is to be used to provide feedback to your supervisor and the school concerning various aspects of supervision and characteristics of the clinical setting in an objective manner. However, it is hoped that you will feel free to communicate your feelings and needs to your supervisor throughout the experience and not wait until you fill out this assessment to let them know. This is your opportunity to share your comments about the learning experience that was provided. The completed form should be given to your supervisor on your last clinical day, when the supervisor does your evaluation.

Rater: Please check appropriate column for each item below:

P = Poor (<25%) F = Fair (25-50%) G = Good (50-75%) EX = Excellent (>75%) NA = Not Applicable.

SA = Strongly Agree A= Agree N= Neutral D = Disagree SD = Strongly disagree

Opportunity given to:	P	F	G	EX	NA
Obtain data/learn assist for test, records, staff, others					
Observe and assist with evaluations					
Become familiar with goal setting					
Assist with or observe treatment procedures					
Refine observation skills					
Intervene therapeutically					
Problem solve and make decisions					
Take initiative/accept responsibility					
Explore OT's role at facility					
Observe interdisciplinary collaboration					
Supervision and Feedback Given Regarding:					
Evaluation administration and scoring skills					
Communication/professionalism					
Confidentiality/ HIPPA standards enforced					
Treatment skills					
Note writing skills					
Indirect services skills					
Student evaluation discussed: Yes No					
Characteristics of supervisor:	SA	A	N	D	SD
Was accessible to the student					
Encouraged active student participation					
Provided structure and guidance for development of clinical skills					
Provided professional support and encouragement					

	SA	A	N	D	SD
Demonstrated effectiveness as a role model in:					
Establishing rapport with patients/clients					
Defining patient/client problems					
Performing treatment					
Working with other professionals					
Exhibiting professional attitudes and values					

OTHER:	P	F	G	EX	NA

Characteristics of the Clinical Setting:

5. Describe the patient caseload (diagnosis, age, etc.). Did it provide an adequate number of patients/clients?

6. Is the setting organized for effective student learning? Explain why or why not.

7. What aspects of the facility did you think were especially good?

8. What changes could be made to improve the experience?

ADDITIONAL COMMENTS:

I have read this report.

Signature of Supervisor Date

Signature of Student Date

Please return to: Occupational Therapy Fieldwork Coordinator, Milligan College,
P. O. Box 130, Milligan College, TN 37682 as soon as practicum is completed.