

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

**Level I Practicum C – Adult Physical Dysfunction**

**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**

| <b>Opportunity given to:</b>                                       | <b>P</b>  | <b>F</b> | <b>G</b> | <b>EX</b> | <b>NA</b> |
|--|-----------|----------|----------|-----------|-----------|
| 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                            |           |          |          |           |           |
| <b>Supervision and Feedback Given Regarding:</b>                   |           |          |          |           |           |
| Evaluation administration and scoring skills                       |           |          |          |           |           |
| Communication/professionalism                                      |           |          |          |           |           |
| Confidentiality/ HIPPA standards enforced                          |           |          |          |           |           |
| Treatment skills   |           |          |          |           |           |
| Note writing skills  |           |          |          |           |           |
| Indirect services skills   |           |          |          |           |           |
| Student evaluation discussed:    Yes    No                         |           |          |          |           |           |
| <b>Characteristics of supervisor:</b>                              | <b>SA</b> | <b>A</b> | <b>N</b> | <b>D</b>  | <b>SD</b> |
| Was accessible to the student                                      |           |          |          |           |           |
| Encouraged active student participation                            |           |          |          |           |           |
| Provided structure and guidance for development of clinical skills |           |          |          |           |           |
| Provided professional support and encouragement                    |           |          |          |           |           |