

FIELDWORK DATA FORM

This form is completed by the fieldwork educator with a copy sent to each academic program with whom the educator has a fieldwork contract or letter of agreement. This form should be updated yearly.

Fieldwork Data Form

DATE: Month _____ Year _____

This form refers to _____ fieldwork experience.

Length of fieldwork: _____ OT _____ OTA

Will Accept: ___ Full-time Student ___ Part-time Student ___ 1st Placement ___ 2nd Placement ___ 3rd Placement

Name of Center _____

Address/City/State/Zip _____

Center Phone: (_____) _____ E-Mail Address: _____

Fax Number: (_____) _____ Director: _____

Person Responsible for Fieldwork Program

Name: _____ Credentials: _____ Phone: (_____) _____

of Staff: _____ OT (s) _____ OTA(s) _____ Support Staff Approximate # of agreements with schools _____

Accreditation by: _____ Date _____

General Information

Setting	Description of Specialty
---------	--------------------------

- | | |
|---|--|
| <input type="checkbox"/> Hospital | (e.g. Acute Inpt, Outpt, Rehab Unit) _____ |
| <input type="checkbox"/> School | (e.g. Public School System) _____ |
| <input type="checkbox"/> Community Agency | (e.g. Psycho-Social Program, Homeless Shelter) _____ |
| <input type="checkbox"/> Private Practice (e.g. Pediatrics, Psych, Home Health) | _____ |
| <input type="checkbox"/> Residential Program | (e.g. Developmental Delay, Mental Retardation) _____ |
| <input type="checkbox"/> Nursing Home | (e.g. Rehab Unit, Long Term Care) _____ |
| <input type="checkbox"/> Other | _____ |

Ages served: ___ 0-3 yrs ___ 3-5 yrs ___ 6-12 yrs ___ 13-21 yrs ___ Adult ___ Older Adult

Primary Conditions for Which Occupational Therapy is Administered

- | | | |
|---|--|--|
| <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> CVA/Hemiplegia | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Affective Disorder | <input type="checkbox"/> Degenerative Neuro Disorder | <input type="checkbox"/> Neuromuscular Disorders |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Neonatology (NICU) |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Dementia | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Personality Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dysphagia/Feeding Disorders | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Schizophrenic Disorder |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Eating/Feeding Problems | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Fractures & Gen Orthopedics | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Cardiac Dysfunction | <input type="checkbox"/> Hand/Wrist Disorders | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Well Population |
| <input type="checkbox"/> Congenital Anomalies | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Other _____ |

Student Information

___ Room provided:
___ on grounds
___ off grounds

Meals:
___ Breakfast ___ Lunch ___ Dinner
___ Free ___ At cost ___ Purchase

___ Housing available:
Student pays \$___/mo.

Hours:
____ Weekdays
____ Evenings
____ Weekends
____ Variable

___ Stipend:
Hr. \$___ Mo. \$___ Session \$___

___ Access to Public Transportation

Other _____

Dates: Use AOTA suggested dates _____ Use own dates _____

Student Supervision

Check all that apply:

- ___ 1:1 Model
- ___ Multiple students : one supervisor
- ___ Multiple supervisors : one student

Structure provided to students
(objectives, week-to-week guidelines)

Low					High
1	2	3	4	5	

Nature of Supervision

Low					High
1	2	3	4	5	

Ending Student Expectation/Productivity

_____ # of clients per week

_____ % productivity expectation

