



University of Central Arkansas
Occupational Therapy
Fieldwork Weekly Review

Week # _____
Week Ending Date _____

Student (print): _____ Facility/Location: _____

STRENGTHS:

AREAS/OPPORTUNITIES FOR IMPROVEMENT:

GOALS MET/GOALS DUE NEXT WEEK:

COMMENTS/OTHER INFORMATION:

Days Tardy This Week _____ # Days Absent This Week _____

LEVEL OF SUPERVISION NEEDED (Educator response) _____ More _____ Less _____ Just Right

LEVEL OF SUPERVISION NEEDED (Student response) _____ More _____ Less _____ Just Right

	Not Observed	Disagree	Sometimes	Agree
Behaviors indicate interest in learning	0	1	2	3
Positive professional behavior- (i.e. respect for time, dress, accepting feedback, interactions, comments, etc.)	0	1	2	3
Self-directed learning, initiative	0	1	2	3
Asks for needs/feedback	0	1	2	3
Carryover, adjusts performance based on feedback	0	1	2	3
Demonstrates Safety, HIPAA	0	1	2	3

Fieldwork Educator Signature (Required) Date

Student Signature (Required) Date

AFWC Signature (For school use) Date

Upon completion of each week, we prefer that this form be submitted online: <https://uca.edu/web/forms/view.php?id=951>
If fieldwork site does not allow online access, a copy may be faxed to the Academic Fieldwork Assistant. Fax: 501-450-3622