STUDENT EVALUATION OF FIELDWORK LEVEL 1

Please complete this form at the end of your fieldwork at each setting. Student: Fieldwork Center: Clinical Fieldwork Instructor: 1. Were fieldwork objectives met? Report observations accurately Exhibit appropriate initiative to become actively involved in patient care and staff activities (as deemed appropriate by site/supervisor) Communicate in a professional manner Employ logical thinking, critical analysis, problem solving and creativity Utilize the SOAP note format to document an observation or treatment intervention 2. Which learning experiences were most and/or least beneficial to you? 3. How did your clinical fieldwork instructor facilitate learning? How could supervision have been improved (e.g. availability, presentation, instruction)? 4. What would you like to see added and/or deleted from this experience? 5. Describe the population to which your were exposed; include diagnosis, age, variety of disabilities. 6. Identify your strengths and weaknesses regarding this experience. Clinical Fieldwork Instructor Signature Date **Student Signature** Date

