

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
---------	--------------------------

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

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

