James A. Rhodes State College
Division of Allied Health

OCCUPATIONAL THERAPY ASSISTANT (OTA) PROGRAM

FIELDWORK EDUCATION FACILITY HANDBOOK

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  - Verification of Information Form
- Fieldwork Educator’s Information Sheet and Evaluation of Rhodes State College OTA Academic Program (to be returned at completion of Level II FW experience).
  - Weekly Feedback forms for Student and Fieldwork Educator
    - Weekly forms to facilitate supervisory process
  - Telephone Conference Summary
    - To be used at midterm and/or as needed with Academic Fieldwork Coordinator
  - Fieldwork Site Visit Form
    - To be completed by the Academic Fieldwork Coordinator upon visit to the facility
  - Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student (Level II)
  - Student Evaluations of Fieldwork Experience
    - Additional forms for student to complete Evaluation of Fieldwork Educator mandatory and other forms optional

- **SECTION 5: LEVEL I AND LEVEL II FIELDWORK FORMS**
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Section 1: Introduction
Purpose of the Fieldwork Education Facility Handbook

The Fieldwork Education Facility Handbook is designed to facilitate an increased awareness of the Occupational Therapy Assistant Program at James A. Rhodes State College.

It is intended to serve as a readily accessible resource to fieldwork educators including an overview of the program as well as specific material regarding Level I and Level II Fieldwork for our OTA students.

We would like to thank our OTA Advisory Board members who provide ongoing support and feedback to enhance our OTA program!!

Ann and Krystal

Check us out on-line @ http://www.rhodesstate.edu/Current%20Students.aspx
Section 2: Program Information
ACCREDITATION

The Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at:

4720 Montgomery Lane, Suite 200
Bethesda, MD 20814-3449
(301) 652-AOTA
e-mail: accred@aota.org
Web address: www.ACOTEonline.org

MISSION STATEMENTS (*ACOTE 6.6.)

changes lives, builds futures and improves communities through life-long learning.

RHODES STATE COLLEGE DIVISION OF ALLIED HEALTH MISSION

The Rhodes State College Allied Health Division prepares students to be competent, professional health care providers.

OCCUPATIONAL THERAPY ASSISTANT PROGRAM MISSION STATEMENT

The Rhodes OTA Program prepares students to be competent, professional occupational therapy assistants.

OCCUPATIONAL THERAPY ASSISTANT PROGRAM MISSION

The OTA Program exists to provide excellent and innovative classroom and fieldwork education to members of our community who pursue the career of an occupational therapy assistant. We will equip these individuals with the tools necessary to practice passionately and successfully. In turn, we will provide the community with superior and compassionate members of their health care teams who can drastically improve the quality of life for the recipients of this care. Ultimately, our graduates will be fulfilled as they touch the lives of people with physical, emotion and/or mental needs in helping them toward independent and productive living.

Rhodes State College and OTA Program PHILOSOPHY (*ACOTE A.6.5., C.1.1.)

COLLEGE AND PROGRAM PHILOSOPHY

Rhodes State College identifies its philosophy in the current college catalog as “our focus is upon student learning and development both in and out of the classroom. Therefore, the philosophy of student learning and development at the College is to promote the whole person in the context of a diverse community in which students are encouraged to responsibly manage their lives and educational goals with balance and integrity. Through a student-centered environment, students are developed toward intellectual, intrapersonal, interpersonal and life-management achievement. As students embark on their educational journey at Rhodes State College, they learn to experience, understand, and appreciate a college education and what it can do for them personally and professionally. The College adheres to exemplary student affairs practices that are designed to create a student development-centered environment that recognizes diversity and promotes student access and progress. The philosophy of student learning and development is embedded within the Student Affairs mission, goals, activities, programs, and services.”

In union with the Rhodes State College philosophy of student learning and development, the OTA Program believes that the most effective practice of occupational therapy is provided by individuals who are self-renewing, lifelong learners who value the dignity of every person, thereby becoming ambassadors in our professional community. Our program reflects the view of the American Occupational Therapy Association’s Commission on Education which recognizes the importance of Occupational Therapy Assistant Education at the Associate Degree level to ensure the profession can work toward its Centennial Vision in meeting society’s occupational needs.
Coinciding with the profession, our program believes that through active engagement within internal and external contexts, humans will evolve, change and adapt. Also, through the use of occupation, health is promoted, survival and self-actualization are achieved, and a balance and quality of life are experienced.

**PROGRAM’S PHILOSOPHY OF LEARNING (*ACOTE A.6.5.*)**

We believe that the student must be fully engaged throughout the learning process and become self-aware and responsible for continued growth. Based on our demographics, our program has roots in Knowles philosophy of education which stresses the adult learner. This philosophy assumes adults have developed skills, knowledge and values based upon their experiences and it stresses that people learn in different ways and have individual styles. Instructional methods should be planned in conjunction with the learners, based upon their preferences. Knowles emphasizes the importance of the climate of the learning environment and considers of paramount importance the learners needs and feelings and sees the instructor as a facilitator of learning. This belief is supported by the Allied Health Division’s philosophy of learning as noted in the Dean’s Preface in the Division’s Policies and Procedures: the belief that learning is a private experience and that the Institution’s faculty and staff partner with the learner to facilitate learning.

As a result of our connection with the Northwest Ohio Allied Health Consortium, we believe that through the use of technology we can cross physical and temporal contexts. In addition, we feel it is essential to ensure multi-sensory experiences for learning provided across the curriculum. Lab experiences are combined with lecture for all skill-building courses. As well, fieldwork is provided throughout the curriculum so that students can practice applications under close supervision by fieldwork educators who are integral in our program.

**PROGRAM PURPOSE AND GOALS**

The primary purpose of the Occupational Therapy Assistant Program is to prepare the graduate to practice at the entry level. Specific needs of the community, relative to the provision of quality care in the field of occupational therapy, are included in our goals and strategic plan.

**Program Goals**

OTA program goals are established by collaboration of Rhodes State College OTA faculty and administration, advisory board members, and key community members. The program goals are formally assessed annually through the program evaluation/unit-assessment process.

**Program Goals**

Rhodes State College Occupational Therapy Assistant program will:

1. Prepare occupational therapy assistants who will provide quality services in a variety of practice settings and emerging areas of practice.
2. Provide students with a curriculum which meets accreditation standards, the current and future needs of our community and the profession.
3. Demonstrate a quality environment including the human and organizational infrastructures that will result in a satisfied and engaged learning community
   a. adequate space,
   b. appropriate and sufficient equipment and supplies,
   c. social and digital media technology.
4. Cultivate students’ development of a value system that respects the dignity of and supports engagement in meaningful occupation for every person.
5. Model and engage students in learning opportunities which fosters professionalism.
6. Provide personalized advising and academic counseling which improves self-awareness and causes the development of an attitude of life-long learning.
7. Meet workforce labor market demands for skilled and credentialed occupational therapy assistants.
8. Have strategic collaboration with our faculty, students, fieldwork supervisors and the community related to the continued improvement of the program
9. Provide ongoing evaluation and planning processes to ensure that the mission of the program is being accomplished.
PROGRAM CURRICULUM

The current program curriculum was established and/or approved by the OTA Program Chair and Faculty, Rhodes State College Administration, OTA Program Advisory Board, the Ohio Board of Regents and the Accreditation Council of Occupational Therapy Education. Changes based on Strategic Plan and/or Program Evaluation Findings are vetted through the Institution’s Shared Governance process. The Shared Governance Policy and Procedure Manual identifies that the Academic Council and Academic Curriculum Committee oversee program and course approval processes using established College procedures and the Ohio Board of Regents Two-year Campus Operating Manual. In addition, the program reports for approval all curriculum changes to the Accreditation Council of Occupational Therapy Education following its Manual and Policy/Procedure IV. B.1.-Additions or Changes.

CURRICULUM DESIGN (*ACOTE A.6.7., C.1.1.)

Our curriculum is designed based on Bloom’s taxonomy levels of learning, see figure revised from the Rhodes OTA Program ACOTE 2004 Self-Study; the Deming Plan-Do-Study-Act Cycle; and a group/team approach from Winnie Dunn, as well as Golin and Ducanis, who advocate the multidisciplinary approach to service delivery.

Our initial courses are founded upon lower levels of Bloom’s domains, with instructional experiences designed to facilitate the emergence of higher levels of learning. Through general education courses and prior educational experiences, our students acquire abilities in cognitive, affective, and psychomotor domains. Courses later in the sequence target skill mastery further up the domain continuum. Level I and II Fieldwork (fieldwork) experiences are integrated throughout the curriculum allowing our students to practice and implement skills on evaluating/organization/adaptation levels of Bloom. Critical reasoning and problem solving are required in structured and supportive environments.

As our students achieve the targeted cognitive, affective and psychomotor abilities; they will be able to apply this process to decision making therapeutically. Knowledge and skills developed in previous courses are foundational to later courses which allow the students to develop and practice critical thinking and problem solving necessary for therapeutic planning and implementation. It is our thought that the final levels of Bloom will be mastered after graduation with experience in practice.

A second element of our curriculum is a focus upon the continuous improvement cycle, particularly as illustrated by Deming in the Plan-Do-Study-Act cycle. Utilizing the process of continuous improvement, this approach to problem solving is taught by modeling and opportunities. Students are given opportunities and guidance to “plan” and “do” during structured lab experiences, feedback is given by course instructors, peers, Level I and Level II
Fieldwork Educators to facilitate students’ use of critical thinking, improvement planning and problem solving within ethical guidelines to “study” their performance/ability. Lab competency exams and Level II Fieldwork performance is then used for the “act” stage of the cycle.

A final component of our curriculum is based on the work of several occupational therapists, especially Winnie Dunn, as well as Golin and Ducas, who advocate the multidisciplinary approach to service delivery. It is our belief that professional survival in the future will depend upon the ability to work collaboratively within a team. Teaching activities will emphasize approaches for collaboration including an understanding for and facilitation of group dynamics and processing, self-awareness for the role of the OTA in the team, and respect for the roles of other professionals in the team. Group and team projects throughout the curriculum will require the students to establish intradisciplinary and interdisciplinary teamwork skills. A final capstone project and Level II Fieldwork allows students to fully appreciate the significance of interdisciplinary work.

**PROGRAM’S CURRICULUM THREADS (**ACOTE A.6.7., C1.1)**

In collaboration of OTA program faculty, administration, advisory board members and key fieldwork supporters and based on the program’s mission, the needs of our community and reflective of program evaluation findings, core –valued content area curriculum themes have been established that create an outline for the student learner outcomes which are threaded throughout the curriculum and evaluated annually through Course Assessment.

The program’s core-valued content area curricular threads are rooted in the Allied Health Division’s Core Curriculum Initiatives and grounded in the Institution’s core skills and abilities.

1) **Therapeutic Use of Self**  
   a. Cultural Competence  
   b. Client-Centered Care  

2) **Knowledge and Skills for Clinical Practice**  
   a. Clinical Reasoning  
   b. Therapeutic Use of Occupation and Activity and Activity Analysis  
   c. Effective use of Technology  
   d. Emerging Areas of Practice  

3) **Effective Communication**  
   a. Treatment Interactions  
   b. Documentation  
   c. Intra- and Inter-Professional Collaboration  

4) **Professionalism**  
   a. Professional and Ethical Behavior  
   b. Life-long Learning  
   c. Evidence-based Practice  
   d. Professional Advocacy  

**The Allied Health Division’s Core Curriculum Initiative:**  
5) Affective Domain/Professionalism  
6) Cultural Competency  

**Rhodes State College’s Core Skills and Abilities:**  
7) Writing  
8) Critical Thinking  
10) Global and Diversity Awareness  
11) Information Literacy  

These threads are woven throughout courses across the curriculum. They are introduced early in the curriculum with increasing levels of complexity in later courses.
STUDENT LEARNER OUTCOMES FOR CURRICULUM THREADS (*ACOTE A.6.7., C.1.1.)

Student learner outcomes developed for the core-value content areas of the curriculum (threads):

1. **THERAPEUTIC USE OF SELF**
   Graduate will exhibit therapeutic use of self as part of the therapeutic process with individuals and groups.
   a. **CULTURAL COMPETENCE**
      Graduate will appreciate the uniqueness of every individual in therapeutic use of self.
   b. **CLIENT-CENTERED CARE**
      Graduate will demonstrate the ability to modify procedures, activities or occupations according to individual needs.

2. **KNOWLEDGE AND SKILLS FOR CLINICAL PRACTICE**
   Graduate will be an effective clinical practitioner who demonstrates entry-level competency as a generalist in areas where occupational therapy is practiced.
   a. **CLINICAL REASONING**
      Graduate will have acquired specialized knowledge, clinical reasoning and skill related to understanding occupational performance across the lifespan for the individual, group and population.
      a1. Graduate will display mastery of standardized evaluations used to gather and share data in all areas of the domain of occupational therapy.
      a2. Graduate will be competent in the development, implementation and modification of occupationally meaningful interventions for individuals or groups to address factors from the domain of occupational therapy and support engagement in everyday life activities/roles in a variety of contexts.
   b. **THERAPEUTIC USE OF OCCUPATIONS AND ACTIVITY ANALYSIS**
      Graduate will be competent in effectively utilizing and analyzing meaningful activities and occupations as intervention strategies identified by the individual or group for health promotion, disease prevention, remediation of skills and quality of life.
   c. **EFFECTIVE USE OF TECHNOLOGY**
      Graduate will be able to use multiple technologies including virtual and telehealth media in a variety of settings to support engagement in occupation
   d. **EMERGING AREAS OF PRACTICE**
      Graduate will be able to assess occupational-based need for the individual, group or population to practice in and establish a proposal for OT services in emerging areas of practice.

3. **EFFECTIVENESS WITH COMMUNICATION**
   Graduate will communicate effectively.
   a. **TREATMENT INTERACTIONS**
      Graduates will be able to effectively communicate occupational therapy principles, assessments and methods and interact with clients and their support systems in a variety of treatment settings.
   b. **DOCUMENTATION**
      Graduates will consistently apply OT terminology with effective and appropriate written documentation.
   c. **INTRA- and INTERPROFESSIONAL COLLABORATION**
      Graduate will display assertiveness and effectively collaborate with inter/intra professional team members in a variety of settings to facilitate effective treatment for the individual or group.
      c1. Graduate will understand the roles and responsibilities of the OT and OTA in the supervisory process and effectively participate in this process.
      c2. Graduate will assist in the management of occupational therapy services.

4. **PROFESSIONALISM**
   Graduate will represent self professionally.
   a. **PROFESSIONAL AND ETHICAL BEHAVIOR**
      Graduate will demonstrate behaviors and attitudes that are consistent with the college, program and profession values, philosophies, standards and ethics.
      a1. Graduate will be aware of and practice within the parameters of entry-level OTA practice.
      a2. Graduate will behave in a manner that respects the dignity of and supports engagement in meaningful occupation for every person.
   b. **LIFE-LONG LEARNING**
Graduate will display the attributes of a life-long learner being self-assessing, utilizing insight, and continuously improving professionally.

b1. Graduate will utilize a professional portfolio, including self-assessment and goals for future growth.
b2. Graduate will demonstrate a preparedness to secure essential certification and licensure requirements necessary to practice.

c. **EVIDENCE-BASED PRACTICE**
   Graduate will demonstrate the ability to research, access and utilize evidence to support best practice.

d. **PROFESSIONAL ADVOCACY**
   Graduate will participate in community service, effectively promoting the program, and profession and the recipients of our services in a variety of clinical and community settings.
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*These courses involve full-time field work in clinical sites and must be completed no later than 18 mths. after completion of academic preparation.

(p)=portfolio course  (c)= capstone course

**NOTE:** The “C” grade policy applies to all OTA courses, BIO-1110, BIO-1120, BHS 1330 and PSY 2150. Courses are sequential and must be completed with a “C” or better to meet perquisite and graduation requirements. See catalog.
Level I FIELDWORK EXPERIENCE POLICY (*ACOTA C.1.1-C.1.9, C.1.12, C.1.14, C.1.15.)

POLICY: The Rhodes State College OTA Program requires students to engage in Level I fieldwork experience throughout the curriculum to “apply knowledge to practice, and to develop understanding of the needs of the clients.” The experiences are designed to augment didactic coursework with directed observation and participation in selected aspects of the occupational therapy process. (*ACOTE C.1.8.)

PROCEDURE:
1) The Academic Fieldwork Coordinator and Assistant will determine the students’ Level I Fieldwork assignments based on didactic coursework occurring during the term.
   a. Multiple factors are weighed in assigning fieldwork placements. These include: 1) site’s geographic location 2) site has qualified fieldwork educators (*ACOTE C.1.9.) 3) site meets program’s selection criteria for appropriate fieldwork sites 4) site fits to provide student with wide range of fieldwork experiences and opportunities to develop entry-level skills as a general OTA practitioner 6) preferred site is willing to enter into a “Fieldwork Affiliation Agreement” (MOU) with Rhodes State College if one has not already been established. (*ACOTE C.1.1-C.1.10.)
   b. It is the goal of the Program to provide the student with a well-rounded fieldwork experience. Toward this effort the OTA Program does not place a student at a fieldwork site where the student has been employed or has a family member employed. Each student is responsible to provide the Academic Fieldwork Coordinator a list of sites where he/she has observed, been employed or has family members employed on the Fieldwork Placement Sites Consent form where the student will be informed of the above Level I/II Fieldwork experience requirements. This form will be reviewed at orientation and is included in the OTA Program Consent Forms Packet

2) A qualified professional will serve as the student supervisor (fieldwork educator –FWE) and will be responsible for guiding the student through directed observation and participation in items that have been designated on the Level I Checklist (provided by the program to the site to ensure the relevance to didactic coursework and competence of student for participation). The FWE will evaluate the student’s performance using the program’s evaluation form specific to the type of experience. (*ACOTE C.1.3, C.1.7, C.1.8, C.1.9, C.1.10.)
   a. FWE is asked to evaluate the student’s performance utilizing the term specific Level I Fieldwork Evaluation which reflects the initial and growing skills of the students as they progress through the OTA Program Curriculum. The evaluation form is provided to both the student and the FWE. The FWE is instructed to either mail the completed form to the course instructor or AFWC by the last week of the Semester, or may give it to the student to deliver provided that the FWE has sealed the evaluation form in an envelope and then signed over the seal. A student receiving a 1 in one area and/or 2 in any areas will be counseled by the AFWC and/or AFWC assistant and course instructor with suggestions for improvement. A student receiving a 1 in more than one area is considered to be demonstrating an overall UNSATISFACTORY performance indicating the student is NOT ready to advance to the next level without remediation. A professional development plan and contract will be developed between the student, course instructor with the Level I FW experience, the AFWC and the program chair. The student must then show evidence of successfully completing and meeting the criteria in the plan in order to continue in any Level I FW. If a student demonstrates an UNSATISFACTORY performance in a subsequent Level I rotation after successful completion of the professional development plan and contract, the student will receive a C- (or the earned grade if lower than a C-) for the course. The student will be referred to the program re-instatement policy if interested in continuing in the program at that point. (*ACOTE C.1.3,)
   b. Fieldwork educators will be given support by the academic program including but not limited to explanations of didactic experiences the student has or is receiving, objectives and suggested learning experiences for student, explanations for all required paperwork including student evaluation, access to current resources and tips for successful supervision of the occupational therapy assistant student (*ACOTE C.1.3, C.1.15.)

3) The student is responsible to provide the site with his/her professional portfolio including all necessary medical/personal information for each fieldwork experience; to provide the fieldwork supervisor with all forms needing signature for verification (time log of attendance, checklist of activities observed or participated)
4) A minimum number of hours is required for each fieldwork experience in order for the student to successfully complete the course; however, students might be asked to stay longer or extend his/her time to allow for successful completion of the fieldwork objectives.

5) Liability insurance is provided through James A. Rhodes State College (see a copy of the Certificate of Liability Insurance in the Appendix.) This insurance will cover working with fellow students in the laboratory as subjects and with actual patients in the clinic. Students may be required to purchase health insurance and may choose to sign waiver forms regarding Hepatitis vaccinations. **A fieldwork facility may refuse to take a student not carrying health insurance or not completing required/specified vaccinations.**

**Level I: 40 hours per term incorporated with applicable OTA coursework, terms 3-5.**

*Please note that each fieldwork placement/setting is specifically linked to corresponding content in the curriculum. (ACOTE C.1.1.)*

<table>
<thead>
<tr>
<th>TIMEFRAME</th>
<th>Course link (ACOTE C.1.8.)</th>
<th>Setting and Minimum Hours Required (ACOTE C.1.8.)</th>
<th>Fieldwork Supervisor (Professional) (ACOTE C.1.9.)</th>
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</thead>
<tbody>
<tr>
<td><strong>Term 3</strong></td>
<td>OTA 1140 (Therapeutic Procedures I)</td>
<td>20 hours with biomechanical focus <em>(hospital, outpatient, skilled nursing facility, etc.)</em></td>
<td>OT Practitioner <em>(OT or OTA)</em></td>
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<td>20 hours with activity focus</td>
<td>Activity Therapy Professional</td>
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<tr>
<td><strong>Term 4</strong></td>
<td>OTA 2130 (Therapeutic Procedures II)</td>
<td>40 hours with neurological focus <em>(skilled nursing facility, rehabilitation unit or transitional care unit of hospital, etc.)</em></td>
<td>OT Practitioner <em>(OT or OTA)</em></td>
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<tr>
<td><strong>Term 5</strong></td>
<td>OTA 2140 (OT for Developmental Dysfunction)</td>
<td>20 hours with pediatric focus <em>(MRDD, school-based, pediatric outpatient or inpatient)</em></td>
<td>Special Education Professional OR OT Practitioner <em>(OTR/COTA)</em></td>
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<tr>
<td></td>
<td>OTA 2150 (OT for Psychosocial Dysfunction)</td>
<td>20 hours with psycho-social focus <em>(community-based mental health setting or inpatient/outpatient mental health hospital)</em> <em>(ACOTE C.1.7.)</em></td>
<td>Mental Health Professional</td>
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</table>

(Please see AOTA’s Commission on Education Guidelines for Occupational Therapy Fieldwork-Level I in the appendix.)

**LEVEL II FIELDWORK EXPERIENCE POLICY (ACOTE A.3.5., A.4.14., C.1.1., C.1.2., C.1.7., C.1.10-C.1.19.)**

**POLICY:** Each student is required to complete OTA 2170 Fieldwork Application I and OTA 2180 Fieldwork Application II. Each course requires a minimum of 8 full-time weeks at an assigned fieldwork site for Level II Fieldwork Experience.
• PURPOSE: “The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings.” (*ACOTE C.1.11-C.1.19.)

Level II: **MINIMUM of 16 weeks of full-time fieldwork in two different settings (practice areas) providing occupational therapy services (8 weeks each)** *(A. COTE C.1.13.)* This MUST BE completed within 18 months of didactic coursework. The student MUST have successfully completed all program coursework including required Level 1 FW Experiences before entering Level II Fieldwork. *(ACOTE A.3.5; A.4.14., C. 1.10.)*

(Please see AOTA’s Commission on Education Guidelines for Occupational Therapy Fieldwork-Level II in the appendix.)

• **Note:** Level II Fieldwork may be completed on a part-time basis as long as it is at least 50% of an FTE at that site given that the student has documented need for a part-time placement and fieldwork facility is able to accommodate the modified time frame OR the fieldwork facility needs are such that they do not have the caseload and/or staff to support a full-time placement and the student is willing to complete the rotation on the modified time frame. *(ACOTE C.1.13.)*

PROCEDURE:

Costs:

• Each student is responsible for all personal expenses, including meals, lodging, transportation, and activities while on fieldwork affiliations. The student who expects to complete the program must be able to meet this financial obligation.

• Each student must sign an agreement declaring his/her understanding of this financial obligation and the potential for traveling outside the college’s service area and possibly out of state.

**Fieldwork Site Assignment and General Information** *(ACOTE C.1.2.)*:

1) Each student will be provided with guidance on completion of Personal Data Form and Student Fieldwork Placement Request form (including a review of the Program’s Fieldwork Wiki containing various sites’ Fieldwork Data Forms, Site Specific Objectives, 8 week objectives and previous students’ experiences/recommendations)

2) Each student will be expected to complete and submit the Personal Data Form and Student Fieldwork Placement Request to the Academic Fieldwork Coordinator no later than the end of Spring Term of the first year of the program if requesting a local placement, or no later than the beginning of Spring Term if requesting a “new” fieldwork site.

   a. It is the goal of the Program to provide the student with a well-rounded fieldwork experience. Toward this effort the OTA Program does not place a student at a fieldwork site where the student has been employed or has a family member employed in that dept. Each student is responsible to provide the Academic Fieldwork Coordinator a list of sites where he/she has observed, been employed or has family members employed on the Fieldwork Placement Sites Consent form where the student will be informed of the above Level I/II Fieldwork experience requirements. This form will be reviewed at orientation and is included in the OTA Program Consent Forms Packet.

3) The Academic Fieldwork Coordinator and Assistant with input from Program Faculty will determine the students’ Level II Fieldwork assignment.

   a. Multiple factors are weighed in assigning final fieldwork placements. These include: 1) student’s preferred area 2) student’s preferred site has qualified fieldwork educators 3) site meets program’s selection criteria for appropriate fieldwork sites *(ACOTE C.1.1.-C.1.7.)* 4) ensuring that the student has wide range of fieldwork experiences and opportunities to develop entry-level skills as a general OTA practitioner 5) attempts to provide good personality fit between S/OTA and supervising therapist 6) preferred site is willing to enter into a “Fieldwork Affiliation Agreement” *(MOU)* with Rhodes State College if one has not already been established.

   b. Fieldwork educators must have credentials and required preparation for fieldwork supervision and will be given support by the academic program including but not limited to explanations of
curriculum design, curricular threads and student learning objectives, suggested learning experiences for student, explanations for all required paperwork including student evaluation, access to current resources and tips for successful supervision of the occupational therapy assistant student (*ACOTE C.1.15.)

c. Level II Fieldwork is traditionally provided in settings where established OT services are provided. However if the student and/or site has an interest in a setting where no occupational therapy services exist the following procedures should be followed:
   i. Supervision must be provided by a licensed OT or OTA with at least 3 years’ full-time or equivalent professional experience for a minimum of 8 hours of direct supervision each week of the fieldwork experience
   ii. A supervisor must be available to the student during all working hours via visit, phone or virtual contact.
   iii. On-site supervisor designee of another profession must be assigned while the OT supervisor is off-site. (*ACOTE C.1.17.)

d. Level II Fieldwork is traditionally provided in settings where established OT services are provided within the United States however, if a student and site outside the United States is secured the supervisor must be an occupational therapist who graduated from a program approved by the world Federation of Occupational Therapists and has 1 year experience in practice. (*ACOTE C.1.19.)

- Liability insurance is provided through James A. Rhodes State College (see a copy of the Certificate of Liability Insurance in the Appendix.) This insurance will cover working with fellow students in the laboratory as subjects and with actual patients in the clinic. Students are required to purchase health insurance and may choose to sign waiver forms regarding Hepatitis vaccinations. A fieldwork facility may refuse to take a student not carrying health insurance or not completing required/specifed vaccinations.

**Attendance:**
- Perfect attendance is strongly recommended during directed practice. If a student expects to be absent or tardy from directed practice, he/she must notify both the Academic Fieldwork Coordinator at James A. Rhodes State College, and the fieldwork instructor at the fieldwork center before the student is expected to arrive. ***Should James A. Rhodes State College close, due to inclement weather, the student is NOT required to attend his/her fieldwork but will be obligated to make up missed time. Additionally, if a fieldwork facility closes, the student is not required to attend as decided by the on-site fieldwork educator.*** However, the student must notify both the facility and the James A. Rhodes State College Academic Fieldwork Coordinator of any/all missed time. Make-up for missed time will be at the discretion of the Fieldwork Instructor in collaboration with the James A. Rhodes State College Academic Fieldwork Coordinator. Missed days negatively affect the final grade as less time is available to master OTA skills. If more than three days per fieldwork assignment are missed, the student may be administratively withdrawn from the program. (*ACOTE C.1.13.)

**Grading** (*ACOTE C.1.10. and C.1.18.):
- Fieldwork I and II are graded on a satisfactory/unsatisfactory basis. The fieldwork supervisor will contact the OTA Program directly if the student is in jeopardy of failing an assigned fieldwork affiliation as determined by the midterm evaluation. The student is also encouraged to contact the OTA Program if he/she feels in jeopardy of not passing. As a preventive measure, a written midterm evaluation will be reviewed by the fieldwork educator with the student. The final AOTA Fieldwork Evaluation Form will be completed by the fieldwork educator and reviewed with the student. The fieldwork educator will send the report to the Academic Fieldwork Coordinator. A passing grade will be based upon the following:
  1. Satisfactory performance as indicated on the AOTA Fieldwork Evaluation Form.
  2. Evidence of capabilities of growth in assuming the role and responsibilities of an Occupational Therapy Assistant; both in intellectual and motor skills plus those non-academic areas such as inter- and intra-personal relations, flexibility, personal appearance, judgment and temperament as witnessed by the fieldwork instructor, center fieldwork education coordinator, and the Academic Fieldwork Coordinator.
3. Students must exhibit satisfactory completion of each fieldwork rotation, with consideration of previous academic and fieldwork performance, as determined by the Academic Fieldwork Coordinator.

4. Students must exhibit satisfactory completion of required time and objectives for each fieldwork affiliation as determined by the fieldwork instructor and James A. Rhodes State College Academic Fieldwork Coordinator.

- If a student receives an unsatisfactory grade for a fieldwork experience, he/she will fail the course and be required to meet with the course instructor and program chair to develop a professional development plan and contract that will improve the likelihood of passing the course upon repeat attempt. This contract will be individualized based on the performance of the student and areas that were identified as “unsatisfactory” by the fieldwork supervisor. The plan may include repeating of previous OTA coursework or referrals to specialists to assist the student in overcoming the areas that prevented satisfactory performance. (*ACOTE A.4.13., C.1.18.)

- All fieldwork must be completed within 18 months following the completion of all didactic courses. (*ACOTE A.4.14.)

**Student Responsibilities:**

- It is the professional responsibility of each student to:
  - contact the facility to which they are assigned in order to confirm schedules and serve as a form of introduction
  - bring an updated fieldwork manual to each fieldwork site on the first day of the scheduled rotation
  - complete all course assignments including Form A, the AOTA Fieldwork Data Form, Site Specific Objectives (with input/collaboration from Academic Fieldwork Coordinator and Fieldwork supervisor) and Student Evaluation of the Fieldwork Experience (*ACOTE C.1.2., C.1.3., C.1.15.)
  - after each fieldwork experience, provide the program with general information regarding housing, food, etc.

**FIELDWORK DRESS CODE POLICY**

**POLICY:** All students within the Division of Allied Health will be expected to purchase and wear a uniform for all fieldwork (Level I and II).

**PROCEDURE:**

1. James A. Rhodes State College’s preselected uniform company will be on campus periodically to measure and size students for uniforms prior to the first Level I Fieldwork (spring term year 1.)
2. All students must meet with the uniform company by week 1 of summer term of year 1 in order to have a uniform delivered before the start date of the first level I Fieldwork.
3. The uniform will consist of a royal blue short or long sleeve polo shirt with the Rhodes logo and a pair of black pants. The cost of the uniform will be submitted with the student’s tuition statement for Summer term.
4. Rhodes State College name badge is to be worn at all times within visible sight
5. Hose or socks must be worn
6. Dress shoes with covered toes/heels and low heels, or clean/white tennis shoes
7. Hair up or back if it is shoulder length or longer. Facial hair should be neat and well-trimmed.

**FIELDWORK HYGIENE POLICY**

**POLICY:** All occupational therapy students should observe high standards of personal hygiene during any fieldwork experiences.

**PROCEDURE:** Student must follow the Allied Health Division Policies for Personal Appearance, Jewelry, Tattoos, Student Appearance on Campus and Smoking. In addition:

- Rhodes State College OTA students must have hair, body, and clothing that is clean. (Hair should be tied-back away from face).
• Clothing must be ironed and neat
• Uniforms should be kept clean and ironed
• Colognes, perfumes, and aftershaves can be used, but must be sparingly and should have a light scent (refer to clinic/hospital policy)
• NO artificial nails should be worn, and nails should not extend beyond the fingertips when the hand is viewed from the palmar side. If worn, nail polish should be lightly colored and have no chipping
• Make-up should be used conservatively
• No chewing tobacco
• Hygiene must be maintained and no offensive odor (smoking or body odor)

Taken from the Division of Allied Health Policies:

**PERSONAL APPEARANCE**

All students should observe high standards of personal hygiene at all times.

- If hair is below the shoulders, it must be tied back while participating in practice experiences. Neatly trimmed beards are acceptable unless specific practice sites have prohibitions.
- Hair colors other than naturally occurring hair colors are not permitted.
- Hair augmentations such as feathers or other decorative pieces are not permitted.
- Make-up is allowed if used conservatively and is appropriate. Please see your program faculty for clarification of this standard.
- Colognes, perfumes, and aftershaves should be avoided in all practice sites. Please remember, some patients have allergic reactions to these products.
- Nails should be kept clean and well-trimmed at all times. Nails should not extend beyond the fingertips when the hand is viewed from the palmer surface. Only neutral nail polishes are permitted and acrylic nails are not permitted in practice sites due to infection control standards.
- Clinical Affiliate standards also apply.

**JEWELRY IN PRACTICE SETTINGS**

- Jewelry use should follow conservative standard for professional appearance standard.
- A wedding band or a similar ring may be permissible. Rings with raised settings and multiple rings are discouraged. Keep in mind that the frequent hand washes and use of personal protective equipment may require frequent removal of such items and may result in loss of the items. Student assumes all responsibility for loss or damage of any jewelry worn.
  - Note: Additional program specific guidelines may apply based on practice standards.
- Only one post earring in each ear is permitted. Hoops and dangling earrings are not permitted as they are a safety concern within health care settings.
- Necklaces are not permitted.
- No visible body piercing/jewelry are allowed in practice settings as described by each program.
- Clinical affiliate standards also apply.

**TATTOOS**

Visible tattoos are NOT permitted in practice settings as described by each program. If you have tattoos, they must be tactfully covered. All conspicuous tattoos must be covered to present a professional appearance out of respect for the sick and elderly patients.

**PROFESSIONAL REPRESENTATION POLICY** (*ACOTE A.4.11.)*

**POLICY:** Students are required to follow the highest standards of moral, ethical and social norms during participation in fieldwork and lab experiences.

**PROCEDURE:**

- Students are required to adhere to the AOTA Code of Ethics (refer to copy in Appendix)
- Each student must familiarize and follow the policies and procedures in effect at each fieldwork site.
- No gratuity from patients or their families may be accepted unless it may be shared with all the other staff members in the department, (example: food items).
The student should NOT be under the influence of alcohol or illegal drugs during the fieldwork experience OR during lab experience that simulates patient care as this violates the AOTA Code of Ethics. If suspected the student will be asked to leave the fieldwork site or lab experience and meet with the OTA Program Chair. The OTA Program Chair will consult with the Non-Academic Misconduct Committee as necessary.

Any student violating AOTA Code of Ethics, violating the rights and privileges of any patient, or violating the policies and procedures of the fieldwork facility will be banned from the facility at the discretion of the fieldwork supervisor. The student must meet with the OTA Program Chair to determine if continuation in the program will be allowed. (*ACOTE A.4.11.)

STUDENT PROFESSIONAL PORTFOLIO POLICY (*ACOTE C.1.2.)

POLICY: Each student is required to have a professional portfolio packet with necessary site requirements of medical/personal information for each fieldwork experience. (*ACOTE C.1.2.)

PROCEDURE:
1. Each student is required to provide for the Academic Fieldwork Coordinator evidence of the following information in a professional portfolio BEFORE fieldwork experience.
2. Each student is required to have this professional portfolio with them and available to the fieldwork instructor at all times during the fieldwork experience.
3. Information necessary for the portfolio will be explained in the required course syllabi and will minimally include:
   - Statement related to drug screening and background check –
     - FBI and BCII Background Checks completed on (date). Results sent directly to the Dean of Allied Health. Please contact the Dean for a copy of the background check.
     - Dean of Allied Health
     - Rhodes State College
     - 4240 Campus Drive TEL 102BLima, OH 45804
     - PHONE: 419-995-8230
   - Physical Exam including required immunizations or titres for: 2 MMR or MMRV immunization after 1 year old, 2 Varicella or MMRV immunizations after 13 year old, Tdap, Hepatitis B (or waiver), Annual Influenza. Two step PPD skin test for TB.
   - CPR certification, OSHA and HIPPA training (CPR certification can be achieved through the American Heart Association or American Red Cross. A copy of the card must be kept. During OTA 1010, all students will be in-serviced on HIPPA and OSHA regulations and documentation of participation provided to the student to be kept.
   - 40 hour observation record
4. Each student will sign a release form giving the OTA Program’s Academic Fieldwork Coordinator permission to provide the Fieldwork Site with this information should the student not be available. The student will be made aware of this request and the provision of this information.
5. Each student will also sign a release that Rhodes State College OTA Program will be able to release the student name, most recent contact information on file, and the predicted or actual graduation date to fieldwork sites where the student had attended for a period of six years after graduation.

CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING POLICY (*ACOTE A. 4.11., C.1.2.)

POLICY: To meet the expanding requirements of our fieldwork affiliated, both a state and federal criminal background check and a drug screen will be mandatory prior to fieldwork experiences for all OTA students. You are at risk if you have been convicted of a prior felony and/or some misdemeanors. Students with certain felony, misdemeanor, or drug-related convictions will be ineligible for admission into clinical experiences (see list below). A criminal record may also prevent you from obtaining a license or certificate as an OTA. Students admitted to the OTA program will be required to submit to drug screening. Positive drug screenings will result in dismissal from
all clinical courses. Any student who refuses/fails to cooperate, or complete any required drug screening will be considered “positive” and dismissed from the program. All students requiring drug screening may be subject to random drug screens and for cause during the program.

PROCEDURE: See Allied Health Division’s Drug Screening and Background Check Policies and Procedures

Each student will sign a consent form at orientation as a part of the Consent Forms Packet acknowledging this policy.

Ohio Revised Code Disqualifiers
As the Division of Allied Health, through the Bureau of Criminal Identification and Investigation shall conduct a criminal records check to determine whether any information exists that indicates that the student who is the subject of the request previously has been convicted of or pleaded guilty to any of the following:

**BACKGROUND CHECKS**

**FELONY OFFENSES PROHIBITED FOR HEALTHCARE PROFESSIONALS**

Source: Ohio Revised Code – 109.572 Criminal Records Check

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<th>Placing harmful or hazardous injections in food or confection</th>
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<td>2903.01 Aggravated murder</td>
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<td>2925.06</td>
<td>Illegal administration or distribution of</td>
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<td></td>
<td></td>
<td></td>
<td>offenses</td>
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<td></td>
<td>Antibiotic steroids</td>
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<tr>
<td>2925.11</td>
<td>Drug abuse</td>
<td>2925.13</td>
<td>Permitting drug abuse</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2925.23</td>
<td>Illegal processing of drug documents</td>
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<tr>
<td>Miscellaneous Offenses</td>
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<tr>
<td>2927.12</td>
<td>Ethnic Intimidiation</td>
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<tr>
<td>4511.19</td>
<td>Operating vehicle under the influence of</td>
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<td></td>
<td>alcohol or drugs or operating a vehicle</td>
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<td></td>
<td>underage consumption</td>
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<td>(two or more offenses committed within the</td>
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<td>three years</td>
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<td></td>
<td>immediately preceding the background check</td>
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</tbody>
</table>

(b) A violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses above.
Rhodes State College OTA Program
Student Level II Fieldwork Placement Request

Name: ____________________________  Phone: ____________________________

Prior level I:  
Site | Practice Area  
--- | ---  
Spring 1: |  
Spring 2: |  
Summer: |  

Preference for Level II Placements:  
Indicate areas of practice or specific fieldwork sites that you may be interested in and at least one in location OTHER THAN HOMETOWN that you would be interested in / able to complete a rotation.

• Please refer to the “FWSiteFiles” WIKI to explore possible fieldwork sites.
• if you have a request that is not on the WIKI please * your choice. We may ask you to provide additional information if we do not have a current relationship with this site.

Areas of Practice  
(# from chart below)
1st Choice: ____________________________  1st Choice: ____________________________
2nd Choice: ____________________________  2nd Choice: ____________________________
3rd Choice: ____________________________  3rd Choice: ____________________________
4th Choice: ____________________________  4th Choice: ____________________________

Fieldwork Site:  
(one has to be up to an hour away)
1st Choice: ____________________________  1st Choice: ____________________________
2nd Choice: ____________________________  2nd Choice: ____________________________
3rd Choice: ____________________________  3rd Choice: ____________________________
4th Choice: ____________________________  4th Choice: ____________________________

Fieldwork Areas of Practice:
1. Hospital-based settings  
1.1 In-Patient Acute  
1.2 In-Patient Rehab  
1.3 SNF/ Sub-Acute/ Acute Long-Term Care  
1.4 General Rehab Outpatient  
1.5 Outpatient Hands  
1.6 Pediatric Hospital/Unit  
1.7 Pediatric Hospital Outpatient  
1.8 In-Patient Psych

2. Community-based settings  
2.1 Pediatric Community  
2.2 Behavioral Health Community  
2.3 Older Adult Community Living  
2.4 Older Adult Day Program  
2.5 Outpatient/hand private practice  
2.6 Adult Day Program for DD  
2.7 Home Health  
2.8 Pediatric Outpatient Clinic

3. School-based settings  
3.1 Early Intervention  
3.2 School

4. Other

Please identify any special considerations: ____________________________

Student is aware that multiple factors are weighed in assigning final fieldwork placements. These include:
1. student’s preferred area
2. student’s preferred site has qualified fieldwork educators
3. ensuring that student has wide range of fieldwork experiences and opportunities to develop entry-level skills as a general OTA practitioner
4. attempts to provide good personality fit between S/OTA and supervising therapist
5. preferred site is willing to enter into a “Fieldwork Affiliation Agreement” with Rhodes State College if one has not already been established.

*A student with an identified disability (which must have been previously documented through The Learning Center at Rhodes State College) is NOT required to disclose disability to the fieldwork site. However, disclosure is strongly encouraged so that reasonable accommodations may be provided to the student per the Americans with Disabilities Act.

________________________________________  Request conference with AFWC
Student Signature  Date
PERSONAL DATA SHEET

This form is completed by the student and is sent to the student’s Level II fieldwork educator prior to the start of the fieldwork experience.
PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name

Permanent Home Address

Phone number and dates that you will be available at that number

Phone Number Dates

Name, address, and phone number of person to be notified in case of accident or illness:

EDUCATION INFORMATION

1. Expected degree (circle one)

OTA:
Associate Baccalaureate Masters Doctorate Certificate

OT:
Baccalaureate Masters Doctorate Certificate

1. Anticipated year of graduation

2. Prior degrees obtained

4. Foreign languages read spoken

5. Do you hold a current CPR certification card? Yes No

   Date of expiration

HEALTH INFORMATION

1. Are you currently covered under any health insurance? Yes No

2. If yes, name of company

   Group # Subscriber #

3. Date of last Tine Test or chest x-ray:

   (If positive for TB, tine test is not given)

PREVIOUS WORK/VOLUNTEER EXPERIENCE


Over . .
PERSONAL PROFILE

1. Strengths: ____________________________________________________________________________

2. Areas of growth: _______________________________________________________________________

3. Special skills or interests: __________________________________________________________________

4. Describe your preferred learning style: __________________________________________________________________

5. Describe your preferred style of supervision: __________________________________________________________________

6. Will you need housing during your affiliation?  Yes _____  No _____

7. Will you have your own transportation during your affiliation?  Yes _____  No _____

8. *(Optional)* Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes _____  No _____.

If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them. To promote your successful accommodation, it should be discussed and documented before each fieldwork experience.

FIELDWORK EXPERIENCE SCHEDULE

<table>
<thead>
<tr>
<th>CENTER</th>
<th>TYPE OF FW SETTING</th>
<th>LENGTH OF FW EXPERIENCE</th>
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</table>

**Additional Comments**

*AOTA Commission on Education (COE) and Fieldwork Issues Committee (FWIC)*

Amended and Approved by FWIC 11/99 and COE 12/99
Code of Student Conduct

Please refer to the link below for the Rhodes State College Code of Student Conduct.

http://www.rhodesstate.edu/~media/pdf/codeofstudentconduct.ashx
Section 3: Level I Fieldwork Forms
Thank you so very much for providing this clinical experience for this OTA student. The didactic learning in the classroom is made real through the students’ time with you and usually the “best” part of their learning experience.

The student who is working with you today has demonstrated a basic, classroom competency on the following skills/activities or is learning these skills this semester. They have been assigned and required to participate in the skills/activities identified on the back of this form during their time with you under close supervision and guidance as you see fit.

- We do require that the students go through an “orientation” with you so if you could please prioritize #1.
- We also would like to help the student understand other professionals’ role with the patient/client so if the opportunity presents please help them complete #4B.
- We appreciate your involving them in as many activities on the form as possible but understand that the opportunity to do so may be limited so if the student is involved in other activities, not identified, then identify those in the “other” section.

Please Identify the Fieldwork Educators who were involved (have initials on the back side of this sheet) with this student’s experience. Please make sure that the printed names are legible so we can credit each Fieldwork Educator correctly toward hours of supervision for licensure/certification purposes.

<table>
<thead>
<tr>
<th>Fieldwork Educator Name and Credentials/Title</th>
<th>Fieldwork Educator Signature verifying accuracy of Level I Clinical Skills Checklist</th>
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</table>

Again, THANK YOU, we couldn’t do this without your time and effort. Please know we appreciate you!

<table>
<thead>
<tr>
<th>STUDENT NAME (please print name legibly)</th>
<th>Student Signature verifying accuracy of Level I Clinical Skills Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill/Activity (Must have a minimal of 10 checkmarks)</td>
<td>Checkmark for completed with Date completed</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Orientation:</strong></td>
<td></td>
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<tr>
<td>A. To facility and supplies</td>
<td></td>
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<tr>
<td>B. To Client population/diagnosis</td>
<td></td>
</tr>
<tr>
<td>C. Schedule</td>
<td></td>
</tr>
<tr>
<td>D. Documentation</td>
<td></td>
</tr>
<tr>
<td>E. Activity Department tasks</td>
<td></td>
</tr>
<tr>
<td>F. Overall expectations of students while with you</td>
<td></td>
</tr>
<tr>
<td>G. What to do if student is late or unable to attend</td>
<td></td>
</tr>
<tr>
<td><strong>Assist with Activity Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>A. Develop ideas for activity sessions and present to activity therapist</td>
<td></td>
</tr>
<tr>
<td>B. Assist with planning activity group.</td>
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</tr>
<tr>
<td>C. Assist with carrying out activity session, including assisting clients to be successful with the activity.</td>
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</tr>
<tr>
<td>D. Assist with gathering supplies for activity.</td>
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<tr>
<td>E. Assist in cleaning of the clinic and equipment after an activity.</td>
<td></td>
</tr>
<tr>
<td><strong>Assist with Standardized Assessments</strong></td>
<td></td>
</tr>
<tr>
<td>A. Perform a Pie of Life with a client</td>
<td></td>
</tr>
<tr>
<td>B. Perform an Interest Checklist with a client</td>
<td></td>
</tr>
<tr>
<td>C. Interview a client re: their experience in with activities</td>
<td></td>
</tr>
<tr>
<td>D. Interview a client re: their interests</td>
<td></td>
</tr>
<tr>
<td>E. Interview a client re: their strengths/ talents</td>
<td></td>
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<tr>
<td>F. Assist in performing an activity therapy dept. assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td></td>
</tr>
<tr>
<td>A. Assist activity director in completing documentation of activity session</td>
<td></td>
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<tr>
<td>B. *Review client or patient chart for history and consultations from other health care providers, if able interview other health care providers who work with the client or patient and record information attained. Finally share this information with fieldwork educator or course instructor.</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER:**


Thank you so very much for providing this clinical experience for this OTA student. The didactic learning in the classroom is made real through the students’ time with you and usually the “best” part of their learning experience 😊

The student who is working with you today has demonstrated a basic, classroom competency on the following skills/activities or is learning these skills this semester. They have been assigned and required to participate in the skills/activities identified on the back of this form during their time with you under close supervision and guidance as you see fit.

- We do require that the students go through an “orientation” with you so if you could please prioritize #1.
- We also would like to help the student understand other professionals’ role with the patient/client so if the opportunity presents please help them complete #4C.
- We appreciate your involving them in as many activities on the form as possible but understand that the opportunity to do so may be limited so if the student is involved in other activities, not identified, then identify those in the “other” section.
- Additionally, I am seeking your assistance in helping your Level I Student learn to document. The students have learned the basic SOAP note format and are writing their first notes this semester. I am hoping you can assist in evaluating the content of his/her documentation. I am well aware that you may not follow the SOAP note format for your documentation. I ask that your feedback include suggestions/corrections to the content. Please initial your feedback to verify that the students did seek that from you. I did request that the student delete any confidential/identifying information for the patient to abide by your HIPPA regulations. I will “grade” the note for correct use of SOAP note format and will incorporate your feedback related to the appropriateness of the content.

Please Identify the Fieldwork Educators who were involved (have initials on the back side of this sheet) with this student’s experience. Please make sure that the printed names are legible so we can credit each Fieldwork Educator correctly toward hours of supervision for licensure/certification purposes.

<table>
<thead>
<tr>
<th>Fieldwork Educator Name and Credentials/Title (please print name and credentials/title legibly so we can verify your participation correctly for licensure/certification purposes)</th>
<th>Fieldwork Educator Signature verifying accuracy of Level I Clinical Skills Checklist</th>
</tr>
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</table>

Again, THANK YOU, we couldn’t do this without your time and effort. Please know we appreciate you!

<table>
<thead>
<tr>
<th>STUDENT NAME (please print name legibly)</th>
<th>Student Signature verifying accuracy of Level I Clinical Skills Checklist</th>
</tr>
</thead>
<tbody>
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</table>
## LEVEL I CLINICAL SKILLS CHECKLIST

### Spring Semester: Settings that Provide Biomechanical Interventions

**Skill/Activity** (Must have a minimal of 10 checkmarks)

<table>
<thead>
<tr>
<th>Must have a minimal of 10 checkmarks</th>
<th>Checkmark for completed with Date completed</th>
<th>Initials of FWE (fieldwork educator verifying this participation)</th>
</tr>
</thead>
</table>

### 1. **Orientation:**
- A. To facility and supplies
- B. To Client population/diagnosis
- C. Schedule
- D. Documentation
- E. Department
- F. Overall expectations of student while with you
- G. What to do if student is late or unable to attend

### 2. Assist with Treatment Interventions:
- A. Assist with patient transfers: sit/pivot, stand/pivot, neurological sit/pivot (Bobath), sliding board
- B. Assist with modalities
- C. Assist with therapeutic exercises/activities related to biomechanical frame of reference
- D. Assist with edema control
- E. Assist with sensory re-education and desensitization
- F. Assist with splinting

### 3. Assist with Standardized Assessments
- A. Assist with taking vitals: blood pressure, respiration rate, pulse
- B. Assess pinch strength with Pinch Meter
- C. Assess strength with Dynamometer
- D. Participate in MMT
- E. Participate in evaluation of upper body range of motion using Goniometer
- F. Participate in evaluation of sensation
- G. Perform Interest Checklist, Pie of Life, DASH and/or COPM

### 4. Documentation
- A. Write a SOAP note of a treatment session observed with feedback from FWE
  - FWE feedback on SOAP note can include:
    - Did the student include ALL crucial elements of the treatment session and exclude any irrelevant detail
    - Did the student appropriately estimate levels of assistance or independence
    - Did the student make an appropriate assessment of the patient’s progress or lack thereof (if applicable)
    - Did the student provide an appropriate plan for the next session or discharge
- B. Write a treatment plan including an occupational based activity(*under the biomechanical frame of reference*) and a new short term goal for next session with the patient.
- C. *Review client or patient chart for history and consultations from other health care providers, if able interview other health care providers who work with the client or patient and record information attained. Finally share this information with fieldwork educator or course instructor.

### OTHER:
Dear Fieldwork Educator,

Thank you so very much for providing this clinical experience for this OTA student. The didactic learning in the classroom is made real through the students’ time with you and usually the “best” part of their learning experience 😊

The student who is working with you today has demonstrated a basic, classroom competency on the following skills/activities or is learning these skills this semester. They have been assigned and required to participate in the skills/activities identified on the back of this form during their time with you under close supervision and guidance as you see fit.

- We do require that the students go through an “orientation” with you so if you could please prioritize #1.
- We also would like to help the student understand other professionals’ role with the patient/client so if the opportunity presents please help them complete #4C.
- We appreciate your involving them in as many activities on the form as possible but understand that the opportunity to do so may be limited so if the student is involved in other activities, not identified, then identify those in the “other” section.
- Additionally, I am seeking your assistance in helping your Level I Student learn to document. The students have learned the basic SOAP note format and are writing notes this semester. I am hoping you can assist in evaluating the content of his/her documentation. I am well aware that you may not follow the SOAP note format for your documentation. I ask that your feedback include suggestions/corrections to the content. Please initial your feedback to verify that the students did seek that from you. I did request that the student delete any confidential/identifying information for the patient to abide by your HIPPA regulations. I will “grade” the note for correct use of SOAP note format and will incorporate your feedback related to the appropriateness of the content.

Please identify the Fieldwork Educators who were involved (have initials on the back side of this sheet) with this student’s experience. Please make sure that the printed names are legible so we can credit each Fieldwork Educator correctly toward hours of supervision for licensure/certification purposes.

Fieldwork Educator Name and Credentials/Title  
(please print name and credentials/title legibly so we can verify your participation correctly for licensure/certification purposes)  
Signature

Again, THANK YOU, we couldn’t do this without your time and effort. Please know we appreciate you!

Student Name:  
Student Signature:
### Summer Semester: Settings that Provide Neurological Interventions

<table>
<thead>
<tr>
<th>Skill/Activity (Must have a minimal of 10 checkmarks)</th>
<th>Checkmark for completed with Date</th>
<th>Initials of FWE (fieldwork evaluator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation</strong></td>
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<td></td>
</tr>
<tr>
<td>A. To facility and supplies</td>
<td></td>
<td></td>
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<tr>
<td>B. To client population/diagnosis</td>
<td></td>
<td></td>
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<tr>
<td>C. Schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Documentation</td>
<td></td>
<td></td>
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<tr>
<td>E. Units and/or Groups</td>
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<tr>
<td>F. Overall expectations of student while with you</td>
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<tr>
<td>G. What to do if student is late or unable to attend</td>
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<tr>
<td><strong>Assist with Treatment Interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Assist with patient transfers: sit/pivot, stand/pivot, neurological sit/pivot (Bobath), sliding board</td>
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<tr>
<td>B. Assist with therapeutic exercises/activities related to Neurological Frames of References</td>
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<tr>
<td>C. Assist with activities related to cognition and vision/perception</td>
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<tr>
<td>D. Assist with edema control</td>
<td></td>
<td></td>
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<tr>
<td>E. Assist with sensory re-education and desensitization</td>
<td></td>
<td></td>
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<tr>
<td>F. Assist with splinting</td>
<td></td>
<td></td>
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<tr>
<td>G. Assist with modalities</td>
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</tr>
<tr>
<td><strong>Assist with Standardized Assessments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Assist with taking vitals: blood pressure, respiration rate, pulse</td>
<td></td>
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<tr>
<td>B. Assess pinch strength with Pinch Meter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Assess strength with Dynamometer</td>
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<td></td>
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<tr>
<td>D. Participate in MMT</td>
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<tr>
<td>E. Participate in evaluation of upper body range of motion using Goniometer</td>
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<td></td>
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<tr>
<td>F. Participate in evaluation of sensation</td>
<td></td>
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<tr>
<td>G. Perform Interest Checklist, Pie of Life, DASH and/or COPM, and/or Cognitive Assessments ie. ACL</td>
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<tr>
<td><strong>Documentation/Inter-Professional Communication</strong></td>
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</tr>
<tr>
<td>A. Write a SOAP note of a treatment session observed with feedback from FWE</td>
<td></td>
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<tr>
<td>FWE feedback on SOAP note can include:</td>
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<tr>
<td>- Did the student include ALL crucial elements of the treatment session and exclude any irrelevant detail</td>
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<tr>
<td>- Did the student appropriately estimate levels of assistance or independence</td>
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<tr>
<td>- Did the student make an appropriate assessment of the patient’s progress or lack thereof (if applicable)</td>
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<tr>
<td>- Did the student provide an appropriate plan for the next session or discharge</td>
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<tr>
<td>B. Write a treatment plan including an occupational -based activity(for a patient with neurological disorder) and a new short term goal for next session with the patient.</td>
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<tr>
<td>C. *Review client or patient chart for history and consultations from other health care providers, if able interview other health care providers who work with the client or patient and record information attained. Finally share this information with clinical supervisor or course instructor.</td>
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</tbody>
</table>

**OTHER:**

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**Notes:**
- **=Mandatory
*=Priority
Dear Fieldwork Educator,

Thank you so very much for providing this clinical experience for this OTA student. The didactic learning in the classroom is made real through the students’ time with you and usually the “best” part of their learning experience.

The student who is working with you today has demonstrated a basic, classroom competency on the following skills/activities or is learning these skills this semester. They have been assigned and required to participate in the skills/activities identified on the back of this form during their time with you under close supervision and guidance as you see fit.

- We do require that the students go through an “orientation” with you so if you could please prioritize #1.
- We also would like to help the student understand other professionals’ role with the patient/client so if the opportunity presents please help them complete #4b.
- We appreciate your involving them in as many activities on the form as possible but understand that the opportunity to do so may be limited so if the student is involved in other activities, not identified, and then identify those in the “other” section.

Please identify the Fieldwork Educators who were involved (have initials on the back side of this sheet) with this student’s experience. Please make sure that the printed names are legible so we can credit each Fieldwork Educator correctly toward hours of supervision for licensure/certification purposes.

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<td>(please print name and credentials/title legibly so we can verify your participation correctly for licensure/certification purposes)</td>
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Again, THANK YOU, we couldn’t do this without your time and effort. Please know we appreciate you!

Student Name: | Student Signature:
# LEVEL I CLINICAL SKILLS CHECKLIST

**Fall Semester: Settings that Provide Pediatric Interventions**

<table>
<thead>
<tr>
<th>Skill/Activity (Must have a minimal of 10 checkmarks)</th>
<th>Checkmark for completed with Date</th>
<th>Initials of FWE (fieldwork evaluator)</th>
</tr>
</thead>
</table>

### 1. **Orientation**

- A. To facility and supplies
- B. To client population/diagnosis
- C. Schedule
- D. Documentation
- E. Units and/or Groups
- F. Overall expectations of student while with you
- G. What to do if student is late or unable to attend

### 2. Assist with Treatment Interventions

- Develop an activity that could be easily integrated into the classroom (such as a fine-motor kit)
- Upon approval/permission of teacher, plan and carry out a classroom activity
- Assist students with classroom activities as allowed
- Assist students with classroom activities as allowed
- Assist students with classroom activities as allowed
- Assist students with classroom activities as allowed
- Assist students with classroom activities as allowed
- Observe student during snack or mealtime and complete an observation report of student performance
- Assist teacher in adapting a toy/classroom tool to increase student participation success during an activity

### 3. Assist with Standardized Assessments

- Perform a Play Assessment
- Complete a Sensory Profile on a student
- Perform an interest checklist with a client
- Perform an activity analysis on a classroom project
- Interview teacher to determine what the major concerns of the classroom are.

### 4. Documentation

- A. Assist teacher in completing documentation of activity
- B. *Review client or patient chart for history and consultations from other health care providers, if able interview other health care providers who work with the client or patient and record information attained. Finally share this information with fieldwork educator or course instructor.

OTHER:
Dear Fieldwork Educator,

Thank you so very much for providing this clinical experience for this OTA student. The didactic learning in the classroom is made real through the students’ time with you and usually the “best” part of their learning experience😊

The student who is working with you today has demonstrated a basic, classroom competency on the following skills/activities or is learning these skills this semester. They have been assigned and required to participate in the skills/activities identified on the back of this form during their time with you under close supervision and guidance as you see fit.

- We do require that the students go through an “orientation” with you so if you could please prioritize #1.
- We also would like to help the student understand other professionals’ role with the patient/client so if the opportunity presents please help them complete #4B.
- We appreciate your involving them in as many activities on the form as possible but understand that the opportunity to do so may be limited so if the student is involved in other activities, not identified, then identify those in the “other” section.

Please identify the Fieldwork Educators who were involved (have initials on the back side of this sheet) with this student’s experience. Please make sure that the printed names are legible so we can credit each Fieldwork Educator correctly toward hours of supervision for licensure/certification purposes.

<table>
<thead>
<tr>
<th>Fieldwork Educator Name and Credentials/Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please print name and credentials/title legibly so we can verify your participation correctly for licensure/certification purposes)</td>
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</tbody>
</table>

Again, THANK YOU, we couldn’t do this without your time and effort. Please know we appreciate you!

Student Name: Student Signature:
# LEVEL I CLINICAL SKILLS CHECKLIST

**Fall Semester: Settings that Provide Mental Health Interventions**

<table>
<thead>
<tr>
<th>Skill/Activity (Must have a minimal of 10 checkmarks)</th>
<th>Checkmark for completed with Date</th>
<th>Initials of FWE (fieldwork evaluator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. To facility and supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. To client population/diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Units and/or Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Overall expectations of student while with you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. What to do if student is late or unable to attend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assist with Treatment Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Attend a group session led by a mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Attend a group session led by a mental health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Submit Group Intervention Plan (summary of all 3 groups to be led at the facility by the students with focus on psychological/social factors impacting engagement in occupation) to supervisor for approval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Submit Individual Session Outline/Plan to supervisor for approval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Lead group session as per Individual Session Outline/Plan that was approved by the supervisor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Assist peer with his/her group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Assist peer with his/her group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Screen occupational needs of clientele:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Chart review of current clientele</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Perform a routine task inventory with client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Perform a pie of life with client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Perform an interest checklist with client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Interview and observe client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Complete the KELS with client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Do an informal COTE assessment on client(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Documentation/Inter-Professional Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Assist mental health professional in completing documentation of activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Review client or patient chart for history and consultations from other health care providers, if able interview other health care providers who work with the client or patient and record information attained. Finally share this information with clinical supervisor or course instructor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER:**
Dear Fieldwork Educator at FWS Name

Please assess the following areas for student first name during his/her time with you and return this form in the provided self-addressed/stamped envelope OR seal, sign the seal of the envelope (to assure security) and ask the student to hand-deliver it to us.

<table>
<thead>
<tr>
<th>Professional Behaviors:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>__________/4</td>
</tr>
<tr>
<td>Attendance (punctuality and dependability)</td>
<td>__________/4</td>
</tr>
<tr>
<td>Absent_____ no. of days</td>
<td></td>
</tr>
<tr>
<td>Tardy_____ no. of days</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>__________/4</td>
</tr>
<tr>
<td>Cooperation with staff</td>
<td>__________/4</td>
</tr>
<tr>
<td>Honesty/integrity</td>
<td>__________/4</td>
</tr>
<tr>
<td>Self-control</td>
<td>__________/4</td>
</tr>
<tr>
<td>Self-initiative (seeks learning and service activities without prompting)</td>
<td>__________/4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Skills:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal/non-verbal communication with staff</td>
<td>__________/4</td>
</tr>
<tr>
<td>Verbal/non-verbal communication with clientele</td>
<td>__________/4</td>
</tr>
<tr>
<td>Reaction to feedback from fieldwork supervisor</td>
<td>__________/4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation with Supervisor:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Completion of facility orientation in timely manner</td>
<td>__________/4</td>
</tr>
<tr>
<td>Performance on activities from fieldwork skills checklist</td>
<td>__________/4</td>
</tr>
<tr>
<td>Encouragement of patient/client participation</td>
<td>__________/4</td>
</tr>
<tr>
<td>Assistance to supervisor with patient/client care</td>
<td>__________/4</td>
</tr>
<tr>
<td>Documentation - responsible for paperwork required for school (and facility as indicated)</td>
<td>__________/4</td>
</tr>
</tbody>
</table>

| TOTAL:                                         | __________/60 |

Comments:  

Recommendations:  

Primary Fieldwork Educator completing this form (please print your name and credentials/title):

***Please make sure your printed name is legible so we can credit you correctly toward your hours of supervision for state licensure and national certification purposes.

Primary FWE Signature:

Was this reviewed with the student (circle one): YES/NO
### Specific Activities to 2140 Pediatrics

#### EVALUATION OF STUDENT PERFORMANCE

<table>
<thead>
<tr>
<th>Professional Behaviors:</th>
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<tbody>
<tr>
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<td>/4</td>
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<td>Self-control</td>
<td>/4</td>
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<tr>
<td>Self-initiative (seeks learning and service activities without prompting)</td>
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<tr>
<td>Flexibility</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Skills:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Verbal/non-verbal communication with staff</td>
<td>/4</td>
</tr>
<tr>
<td>Verbal/non-verbal communication with students</td>
<td>/4</td>
</tr>
<tr>
<td>Reaction to feedback from fieldwork supervisor</td>
<td>/4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Engagement:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows teacher’s lead / example to limit inappropriate student behaviors</td>
<td>/4</td>
</tr>
<tr>
<td>Encouraged and assisted students to participate in classroom activities</td>
<td>/4</td>
</tr>
<tr>
<td>Ability to provide appropriate basic assistance to students with classroom activities with supervision</td>
<td>/4</td>
</tr>
<tr>
<td>Documentation – responsible for paperwork required for school (and facility as indicated)</td>
<td>/4</td>
</tr>
</tbody>
</table>

**TOTAL:** /60

### Specific Activities to 2140 Mental Health

<table>
<thead>
<tr>
<th>Professional Behaviors:</th>
<th></th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Verbal/non-verbal communication with clientele</td>
<td>/4</td>
</tr>
<tr>
<td>Reaction to feedback from fieldwork supervisor</td>
<td>/4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group leadership ability:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Group plan submitted in timely manner and receptive to feedback from fieldwork supervisor</td>
<td>/4</td>
</tr>
<tr>
<td>Group consisted of activity that was engaging to clientele</td>
<td>/4</td>
</tr>
<tr>
<td>Encouraged and assisted each group member to participate</td>
<td>/4</td>
</tr>
<tr>
<td>Appropriately set limits for inappropriate group member behaviors</td>
<td>/4</td>
</tr>
<tr>
<td>Appropriately gave group members skills to improve ability to participate in occupation</td>
<td>/4</td>
</tr>
</tbody>
</table>

**TOTAL:** /64
LEVEL I FIELDWORK ATTENDANCE TIME LOG

<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMUTE TIME</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL HOURS ON-SITE working with FWE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
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<td>8)</td>
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**TOTALS:**

____ days  Travel _______ hours  _____ Hours

I, ___________________________, verify that the information provided above is accurate to the best of my knowledge and I have completed the total hours for a Level I clinical affiliation indicated above.

_________________________________________  Date: _______________________

_________________________________________  Date: _______________________

(PLEASE PROVIDE FIELDWORK EDUCATOR SIGNATURE WITH TITLE)
Section 4: Level II Fieldwork Forms
Course Syllabi for Fieldwork Rotations

Rhodes State College
Division of Allied Health Technologies
Occupational Therapy Assistant Program
Holidays: AOTA Annual Conference: April 3-6, 2014-Baltimore, MD

<table>
<thead>
<tr>
<th>Mrs. Tracie Recker OTR/L</th>
<th>Professor Ann Best OTR/L</th>
<th>Mrs. Krystal Hannouz COTA/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEL 132F</td>
<td>TEL 102G</td>
<td>TEL 132F</td>
</tr>
<tr>
<td>419-995-8080</td>
<td>419-995-8080 (cell-419-234-6007)</td>
<td>419-995-8259</td>
</tr>
<tr>
<td>(leave message via Prof. Best)</td>
<td><a href="mailto:Best.A@RhodesState.edu">Best.A@RhodesState.edu</a></td>
<td><a href="mailto:Hannouz.k@rhodesstate.edu">Hannouz.k@rhodesstate.edu</a></td>
</tr>
<tr>
<td><a href="mailto:Recker.t@rhodesstate.edu">Recker.t@rhodesstate.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If unable to reach the course instructors in the case of an emergency, please contact Mrs. Ardella Jones, Allied Health Office Assistant, at 419-995-8290.

Mission Statement:
Rhodes State College changes lives, builds futures and improves communities through life-long learning.

Dean of Allied Health Division: Dean Tish Hatfield MS, RRT, CPFT
Chair of Occupational Therapy Assistant Program: Professor Ann Best OTR/L, MHS

OVERVIEW

Catalog Description:
Advanced clinical experience is gained under the guidance and supervision of an occupational therapy practitioner. Students prepare for the work force by developing entry-level skills relating to the provision of role appropriate OT services, and demonstration of professional and ethical behavior while completing a minimum of 8 full-time weeks (~35-40 hours per week) at an assigned fieldwork site. In addition, the student will meet with the course instructor virtually one time/week where reflection and self-assessment will allow the students to begin to integrate technical and clinical knowledge and develop the clinical reasoning, professional behaviors and therapeutic use of self-necessary for entry-level work as an OTA. A “satisfactory” grade must be achieved for the continuation in the program. “C” grade policy applies.
Prerequisites: OTA 2140, OTA 2150, MTH 1260, BHS 1390, BHS 1330, COM 1110
Co-requisite: OTA 2200

Lecture and Class:
4 credit hours; .25 lecture and 21.5 fieldwork contact hours

TEXT AND MATERIALS/SUPPLIES:

Textbooks utilized during the first and second years of the academic portion of the program coursework are used for reference. Any and all resources/supplies (i.e. gait belt or resource file) developed/acquired throughout student’s didactic studies is to be utilized/incorporated during the student's performance.

Scheduling/organizing handbook/calendar to track fieldwork hours and to assist the student in managing scheduling of assignments, patient care tasks.

This course utilizes the Angel Course Management System for course materials, on-line discussions, assignment submissions and grade book. Therefore, on-line access is required. As well, students will be expected to access www.aota.org, www.oota.org, www.otptat.ohio.gov, and http://www.lima.ohio-state.edu/library/ to locate specified scholarly articles/literature.

STUDENT LEARNING OUTCOMES:

Program Mission Statement: The Rhodes OTA Program prepares students to be competent, professional occupational therapy assistants.

Program Mission:
The OTA Program exists to provide excellent and innovative classroom and fieldwork education to members of our community who pursue the career of an occupational therapy assistant. We will equip these individuals with the tools necessary to practice passionately and successfully. In turn, we will provide the community with superior and compassionate members of their health care teams who can drastically improve the quality of life for the recipients of this care. Ultimately, our graduates will be fulfilled as they touch the lives of people with physical, emotional and/or mental needs in helping them to participate in life.

Program Outcomes
Please see OTA Program Student Handbook

Program Student Learning Outcomes
Please see OTA Program Student Handbook

Pedagogical Approaches
Contextual learning, learning communities, problem-based learning

Course Student Learning Outcomes and Objectives

OTA 2170/2180 STUDENT OBJECTIVES

The specific emphasis of these courses will be the comprehensive care of all patients and their related diagnoses involved in the fieldwork experience. The student will continue to refine those skills performed in prior Level I fieldwork settings. The American Occupational Therapy Association (AOTA) Fieldwork Performance Evaluation for the Occupational Therapy Assistant will be used for identification of performance strengths and weaknesses. These include the following:
Upon completion of this course, the student will:

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Related to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>SLO#</strong> and **ACOTE Standard/**Level of Learning in Curricular Design</td>
<td>Program SLOs</td>
</tr>
<tr>
<td>2180.1</td>
<td>demonstrate fundamentals of practice:</td>
<td>MASTERY</td>
</tr>
<tr>
<td></td>
<td>a. adhere consistently to the AOTA Code of Ethics and fieldwork site’s policies and procedures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. adhere consistently to safety regulations including prevention of accidents and potentially hazardous situations.</td>
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<tr>
<td></td>
<td>c. use sound judgment in regard to safety of self and others.</td>
<td></td>
</tr>
<tr>
<td>2180.2</td>
<td>apply basic tenets of occupational therapy:</td>
<td>MASTERY</td>
</tr>
<tr>
<td></td>
<td>a. clearly communicate the values and beliefs of occupational therapy, including the importance of utilizing occupation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. clearly communicate the roles of the OT and OTA to clients, professionals and the public.</td>
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<tr>
<td></td>
<td>c. incorporate evidence into practice.</td>
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</tr>
<tr>
<td></td>
<td>d. promoting the profession of occupational therapy.</td>
<td></td>
</tr>
<tr>
<td>2180.3</td>
<td>perform evaluation/screening following the AOTA Standards of Practice for the role of the OTA:</td>
<td>MASTERY</td>
</tr>
<tr>
<td></td>
<td>a. contribute to the evaluation / screening process by gathering appropriate information from and in regard to client(s) to establish a thorough occupational profile, with an emphasis on occupational performance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. participate and demonstrate competency in frequently used standardized assessments under the supervision and direction of the occupational therapist.</td>
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<tr>
<td></td>
<td>c. demonstrate competency in completing thorough and accurate chart reviews.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. contribute to the interpretation of assessments under the supervision of the occupational therapist.</td>
<td></td>
</tr>
<tr>
<td>2180.4</td>
<td>perform intervention following the AOTA Standards of Practice for the role of the OTA:</td>
<td>MASTERY</td>
</tr>
<tr>
<td></td>
<td>a. collaborate with the occupational therapist to establish goals that are client-centered and occupation-based.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. collaborate with the OTA / OT to establish intervention methods, duration and frequency to facilitate client progress.</td>
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<tr>
<td></td>
<td>c. demonstrate ability to choose, sequence, and implement client-centered interventions utilizing multiple frames of reference and strategies to progress the client toward attainment of his /her goals in a cost-effective manner.</td>
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<tr>
<td></td>
<td>d. demonstrate ability to analyze and grade activities to motivate and to provide the just-right challenge to assist the client in meeting his / her goals.</td>
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<tr>
<td></td>
<td>e. demonstrate therapeutic use of self throughout the OT process.</td>
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<tr>
<td></td>
<td>f. collaborate with the OT / OTA to modify client’s intervention plan as appropriate.</td>
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</tr>
<tr>
<td>2180.5</td>
<td>use professional communication:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. demonstrate competence in basic computer use, including ability to utilize site specific computerized documentation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. accurately document and report client’s status in clear and concise terms.</td>
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<tr>
<td></td>
<td>c. utilize clear and effective verbal and non-verbal communication with clients, families, significant others, professionals and the public.</td>
<td></td>
</tr>
</tbody>
</table>
demonstrate professional responsibility and behaviors by:
   a. seeking out learning opportunities.
   b. responding appropriately to constructive feedback.
   c. demonstrating dependability, initiative and preparedness.
   d. being flexible, cooperative and empathetic with all persons.
   e. utilizing effective time management.
   f. demonstrating respect and dignity for all persons regardless of socio-cultural,
      socioeconomic, spiritual and / or lifestyle choices.

Program SLOs
1a, 3a, 3b, 3c, 4e, 5a
ACOTE
B.1.5.
B.1.6.
B.2.9.
B.9.2.
B.9.4.
B.9.6.
B.9.10.
B.9.12.

Additional Course Objectives:

Writing performance: Student will demonstrate professional OTA entry-level written communication skills through completing all required documentation forms with a satisfactory score.

Information literacy: Student will complete weekly submissions to instructor via Private Social Media source.

Technical skills: Student will achieve a score of 70 or greater on the AOTA Fieldwork Performance Evaluation For the Occupational Therapy Assistant Student demonstrating entry-level OTA skills. See AOTA form for breakdown of specific skills.

Course delivery

Fieldwork, lecture, discussion, e-mail.

Schedule of Instructional Activities

<table>
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<th>Strategies for Learning</th>
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| Initial meeting DATE | Lecture:  
-Review of syllabus  
-Obtain and review needed paperwork for completion of assignments  
-Review grading criteria of the AOTA Fieldwork Performance Evaluation For the Occupational Therapy Assistant Student  
-Announcements, questions/concerns  
Student must bring professional portfolio to FIRST and LAST lecture class for instructor to review. All fieldwork requirements (immunizations, CPR, background check, etc...) must be included and CURRENT. Failure to do so will prohibit student from attending fieldwork placement, which is required for continuation in the program. |
| Fieldwork Wks. 1-8 | I. Student will complete 8 full-time weeks (~35-40 clock hours per week, dependent on the facility’s consideration of full-time hours. )  
(DATES with make-up time DATES- course meeting on campus DATE.) |
|---|---|
| 1-8 weekly on-line work | II. Student will submit a “weekly chat” via Dropbox with instructor (by midnight Sunday evening) and include:  
- what worked or went well for student that week  
- what did not  
- include goal for the following week  
- level of supervision being provided (ie direct, indirect) and frequency  
- respond to instructor’s feedback |
| | III. For the week of midterm: Student’s e-mail submission must include the following information and reflection:  
  a. Number of hours completed to this point.  
  b. Relationship with fieldwork educator regarding  
    I. supervision  
    II. feedback received  
    III. appropriateness of patient load  
    IV. variety of patient diagnoses experienced.  
  c. Assessment of midterm evaluation. This should include student’s overall score and how student’s assessment compares with supervisor’s assessment of the student’s skills. |
| | IV. Student will complete a time log for hours in fieldwork setting demonstrating 8 “full-time” weeks completed. Total hours must be added and all appropriate signatures present. Grade of satisfactory / unsatisfactory will be given. |
| | Assignments DUE Throughout the Semester:  
V. Student is also responsible for the following additional assignments by 12:00am Midnight on Sunday evenings beginning the first Sunday of the semester.  
  a. **Week 1:** Read Ch. 11-14 in *The Successful Occupational Therapy Fieldwork Student* (Sladyk, 2002). Write 3 things you’d like to do differently or better based on these readings and your first 8 week experience and include in weekly chat with instructor  
  b. **Week 2:** Submit monthly, weekly, daily fieldwork schedules as outlined in *The Successful Occupational Therapy Fieldwork Student.* (Sladyk, K. 2002) as attachment to weekly chat with instructor  
  c. **Week 4:** Revise then submit “Site Specific Objectives” and 8-Week Objectives for assigned facility and [place in Fieldwork Resource File Wiki](#)  
  d. **Week 6:** Revise then submit completed AOTA Fieldwork Data Form and [place in Fieldwork Resource File Wiki](#) / Pertinent information for AOTA Form A, attach to weekly chat with instructor -  
   - Name and Location of Facility, FWE Professional Qualifications and Years of Experience, *Type of Facility/Experience (see Fieldwork Practice Settings/Type of Facility in Chart below)* |
| Final meeting DATE | Student is to attend a final wrap-up meeting on the Monday following the last week of scheduled rotation, at which time student must submit the remaining assignments.  
Forms completed by Fieldwork Educator and Sealed with Signature over Seal:  
  a. AOTA Fieldwork Evaluation (Completed by FWE)  
  b. Fieldwork Educator Information (yellow form completed by FWE)  
Copies of Documentation Used during Experience:  
  c. Weekly Feedback for Fieldwork Educator (2 samples)  
  d. Weekly Feedback for Student (completed by FWE – 2 samples)  
  e. Verification of accuracy of information and collaboration between student and Fieldwork |
*Fieldwork Practice Settings (Type of Facility):

1. Hospital-based settings
   1.1 In-Patient Acute
   1.2 In-Patient Rehab
   1.3 SNF/Sub-Acute/Acute Long-Term Care
   1.4 General Rehab Outpatient
   1.5 Outpatient Hands
   1.6 Pediatric Hospital/Unit
   1.7 Pediatric Hospital Outpatient
   1.8 In-Patient Psych

2. Community-based settings
   2.1 Pediatric Community
   2.2 Behavioral Health Community
   2.3 Older Adult Community Living
   2.4 Older Adult Day Program
   2.5 Outpatient/hand private practice
   2.6 Adult Day Program for DD
   2.7 Home Health
   2.8 Pediatric Outpatient Clinic

3. School-based settings
   3.1 Early Intervention
   3.2 School

4. Other

LABORATORIES, FIELD WORK/ SPECIAL REQUIREMENTS

It is expected that students come to class and fieldwork appropriately prepared. This may require up to 2 hours of additional work for every class / fieldwork day.

ONLINE COMMUNICATIONS

Your Rhodes’ official email address is: YourUsername.x@rhodesstate.edu. This is the primary way the college will communicate with you. You are responsible for checking your Rhodes and Angel e-mail every day. Check it often!

TESTING AND EVALUATION

1. Fieldwork experience will be graded as either satisfactory or unsatisfactory. A “satisfactory” grade must be achieved for the continuation in the program or to qualify for graduation from the OTA program. An “unsatisfactory” grade must be resolved in order to proceed forward in the OTA program. (Refer to the student handbook)

   The AOTA Performance Evaluation For The Occupational Therapy Assistant, 2002 (FWPE) will be utilized by the fieldwork educators, to provide feedback regarding performance at the midterm point and on the last day of fieldwork experience. Please note that student must achieve at least a 3 on items #1, #2 and #3 of the FWPE (related to ethics and safety) in order to successfully complete the fieldwork rotation. If a student achieves less than a 3 on any of these items at the END of the fieldwork rotation, he/she will receive an overall Unsatisfactory score, even though student’s total point score may be at least a 70.

   Any missed fieldwork time must be made up according to the fieldwork educator’s schedule prior to receiving a grade in the course. The student must notify both the facility and the Rhodes State College Academic Fieldwork Coordinator (AFWC) faculty member regarding any absences.

2. Student will complete a time log indicating hours worked each day. Fieldwork educator is to initial each day verifying the student’s time. In addition, student will submit time log to instructor at the end of fieldwork for final verification and to ensure all required signatures are obtained. A grade of satisfactory or unsatisfactory will be given.
3. Student must submit the following completed fieldwork forms at the end of the fieldwork rotation: Student will receive a grade of satisfactory or unsatisfactory on each of the items listed below.

**Forms completed by Fieldwork Educator and Sealed with Signature over Seal:**
- AOTA Fieldwork Evaluation (Completed by FWE)
- Fieldwork Educator Information (yellow form completed by FWE)

**Copies of Documentation Used during Experience:**
- Weekly Feedback for Fieldwork Educator (2 samples)
- Weekly Feedback for Student (completed by FWE – 2 samples)
- Verification of accuracy of information and collaboration between student and Fieldwork Educator for completion AND any revisions to the Site-Specific Objectives, AOTA’s Fieldwork Data Form and 8-week objectives posted on course Fieldwork WIKI

**Forms to be completed by Student during the last week of the Experience**
- Student Evaluation of Fieldwork Experience (Completed by student, signed by FWE)
- Evaluation of Fieldwork Educator (Completed by student)

*Student must bring professional portfolio to FIRST for instructor to review. All fieldwork requirements (immunizations, CPR, background check, etc…) must be included and CURRENT. Failure to do so will prohibit student from attending fieldwork placement, which is required for continuation in the program.*

**COURSE GUIDELINES**

1. Attend a minimum of 8 weeks full-time (as established per the fieldwork site). Perfect attendance is strongly recommended during directed practice. If a student expects to be absent or tardy from directed practice, he/she must notify both the Academic Fieldwork Coordinator at James A. Rhodes State College, and the fieldwork educator at the fieldwork site before the student is expected to arrive. ***Should James A. Rhodes State College close, due to inclement weather, the student is NOT required to attend his/her fieldwork but may be obligated to make up missed time.***

   Additionally, if the fieldwork facility closes, the student is not required to attend as decided by the on-site fieldwork educator.*** However, the student must notify both the facility and the James A. Rhodes State College Academic Fieldwork Coordinator of any/all missed time. The student is required to make-up any and all missed time at the discretion of the Rhodes State College Academic Fieldwork Coordinator in collaboration with the facility fieldwork educator. Missed days negatively affect the final grade as less time is available to master OTA skills. If more than three days per fieldwork rotation are missed, the student may be administratively withdrawn from the program.

2. The completion of all assignments are to be turned in on time according to the requests of the fieldwork educator. There will be similar or related assignments that will be due for your seminar class, that will include tasks assigned from your fieldwork affiliation. Those assignment due dates are not to be conflicted with your fieldwork duties. Active participation in fieldwork tasks and discussions is a skill that is used regularly. Compliance with facility approved terms, abbreviations, and individual facility assignments and objectives is required. Representation of the profession’s ethics and values, as well as, the college, the OTA program, and the OT profession itself are expected to be positive and forthright.

3. Each student will receive 1:1 (one to one) or 1:2 (1 student to 2 supervisors) supervision and guidance by a fieldwork educator within the designated/assigned setting. Performance of occupational therapy interventions will be observed and modified based upon the feedback of the fieldwork educator and other pertinent personnel. The student will make references to academic materials of confirmation and technical application of activities to be mastered in the fieldwork setting.

4. In addition, each student will receive feedback from peers and instructors via e-mail and on-line discussion boards (via co-requisite of OTA 2190) to enhance the learning process and facilitate improvement in fieldwork performance as needed.
5. **Participation** is an important part of the grade you receive for this course. Regular and thoughtful participation is needed to gain an understanding of the entry-level skills and OTA content and to satisfactorily demonstrate required competencies. Lack of attendance will negatively impact your ability to participate, and lack of meaningful participation, if flagrant, could result in the grade of “U” and dismissal from the OTA program.

6. **Respect for Diversity:** Diversity encompasses age, life experiences, profession, race, region, nation, lifestyles, social class, learning style, philosophy of life, orientations, religion, personality, mental and physical challenges, customs, values and gender. The OT profession is committed to fostering a respect for diversity and others’ right to think, feel or act in their own manner.

**INSTITUTIONAL POLICIES**

**Withdrawal**

A student who registers for classes, but who decides not to attend the College must officially withdraw from the College dropping their classes. Failure to officially withdraw will result in the student being awarded grades of “E” in all courses, and the student being required to pay all assessed fees even though the student has actually left the College.

Students are responsible to officially drop/withdraw from all courses which they are registered when they decide to no longer attend. If a student does not initiate an official drop/withdraw within the Student Advising and Development Office, the institution has the right to identify a date of drop/withdraw. Students identified as not attending will be withdrawn failing “WF” by the college beginning the sixth week of the quarter. (Federal Student Aid Handbook, Vol. 2, Ch. 6). Students will be notified of the action by U.S. mail. If attendance is a required element of the course and this is stated in the course materials, lack of attendance may result in a grade of “E” rather than “WF.” *(Student Handbook, pg. 245)*

**Incompletes.** An “I” indicates that the work of the student in the course is qualitatively satisfactory, but that for legitimate reasons a small fraction remains to be completed; or that the record of the student in the course justifies the expectation that he or she will obtain a passing grade, but he or she has been unavoidably absent from the final examination. The grade “I” shall be temporarily recorded on the student’s grade report. The student must complete the work and the instructor must report the final grade at the earliest possible time, but not later than the sixth Friday following the first day of the quarter subsequent to the one in which the “I” was received (not counting summer quarter). Upon the request of the student to the instructor, within the six week period, the Vice President for Academic Affairs may for good reason allow a student additional time in which to complete the work. Generally, this shall not be longer than the end of the quarter following the quarter in which the “I” was received. As soon as the incomplete work has been made up, the instructor, or in the case of his or her absence from the College, the Vice President for Academic Affairs, shall cause the proper grade to be entered on the student’s record. Until such time as the final grade is recorded, the credit hours in the incomplete courses shall not be counted or considered for any purpose.

In no case shall a student who has received the grade “I” be permitted to repeat the course in which such grade was received until such time as the “I” has been removed in the manner herein before provided. If the student fails to complete the coursework, the final grade will be determined by giving the student a zero on all remaining and unfinished work. These zeros will be used to calculate the final course grade. Students who are unsuccessful in a required competency (as defined in the syllabus) will receive an “E” grade. Note: A student’s Financial Aid Status and/or Academic Standing will not change until the end of the quarter in which the grade is submitted.

**Early Alert:** The Early Alert System is now being used by the College to enable your instructor to communicate about your course with you via the campus e-mail system. Please check your campus e-mail regularly because there may be information advising you to contact your instructor, seek other assistance, or that you are doing above average work in the class.
Plagiarism: The following definition of plagiarism (used with permission) is from the Online Writing Lab of Purdue University. http://owl.english.purdue.edu/owl/resource/589/01/ “Research-based writing in American institutions, both educational and corporate, is filled with rules that writers, particularly beginners, aren't aware of or don't know how to follow. Many of these rules have to do with research and proper citation. Gaining a familiarity of these rules, however, is critically important, as inadvertent mistakes can lead to charges of plagiarism, which is the uncredited use (both intentional and unintentional) of somebody else's words or ideas. “While some cultures may not insist so heavily on documenting sources of words, ideas, images, sounds, etc., American culture does. A charge of plagiarism can have severe consequences, including expulsion from a university or loss of a job, not to mention a writer's loss of credibility and professional standing....” For more information on plagiarism and proper documentation (either MLA or APA), please consult the following resource: Purdue OWL. "Research and Citation Resources." The Purdue OWL. Purdue U Writing Lab, 10 May 2008. Web. 15 Nov. 2008. http://owl.english.purdue.edu/owl/section/2/

In addition to the above definition and resources, Rhodes State College students need to be familiar with Rhodes official policy on Prohibited Conduct (section 10.5, paragraph 4) in the Code of Student Conduct, listed in the College Catalog. A student must document his/her source of information whenever he/she:

1. uses direct quotations;
2. copies a table, chart, or diagram;
3. constructs a table from data provided by others;
4. paraphrases a passage in his/her own words; or

5. presents specific examples, figures, or factual information taken from a specific source and uses to explain or support his/her judgments (James M. McRimmon, Writing With a Purpose, p. 499).

Furthermore, the Academic Division of James A. Rhodes State College considers plagiarism to include: (1) submitting the work of another student, (2) copying from another student, or (3) using unauthorized notes or crib sheets to complete assigned work (adopted from a statement used by the Human Services program at James A. Rhodes State College).

Academic Honesty All class members are assumed to be honest. Attempting to deceive, defraud, or use dishonesty for one’s own gain will not be tolerated in any form. Cheating during any class activity is unethical and compromises the integrity of the college and subverts the process of education (note: individual programs may impose greater penalties). Cheating may result in a grade of “0” for the activity. Instructors may submit questionable behavior to the office of the Vice President for Academic Affairs who will bring the incident to the attention of the Academic Integrity Council. Students are encouraged to review the Code of Student Conduct in the college’s catalog for specific details and examples of academic dishonesty.

Submitting Substantially The Same Work. Submitting substantially the same work to satisfy requirements for one course that has been previously submitted and satisfied the requirements for another course, without permission of the instructor for which the work is being submitted and without including the original work for comparison is not permitted. See Section 10.5, paragraph 5 of the Code of Student Conduct.

Copyright
1. Any … student who plans to use copyrighted works in academic course work, a classroom presentation, in materials distributed to students, or other like situation, is expected to make appropriate use consistent with “fair use” principals of the copyrighted work(s)
2. It is the responsibility of all … students to make a good faith determination concerning whether the use of any material or works constitutes “fair use.” Fair use is determined by (a) the purpose and character of the use
(commercial vs. non-profit educational), (b) the nature of the copyrighted work, (c) the amount and substantiality of the portion used in relation to the total copyrighted work, and (d) effect upon potential market or the value of the copyrighted work. To determine whether the material or works constitute fair use, the following references which provide information about copyright, the definition of “fair use,” and the determination of the four factors of fair use should be used:

Web sites - http://lcweb.loc.gov/copyright/ (The US Copyright Office)

3. If in doubt about the use of copyrighted materials or publications, permission to use them from the copyright holder must be sought.

COURSE BIBLIOGRAPHY AND/OR ADDITIONAL REFERENCES

EMERGENCY PROCEDURES
Campus security – 419-995-8499  TL 150
Rhodes State College is staffed by “Sworn” and “Non-sworn” personnel. The Security Office is charged with the responsibility of insuring the safety and security of students, faculty, staff and visitors to the campus. Responsibilities include patrolling of buildings, parking lots and grounds of the campus. They provide several services to include escorts, locked keys in vehicles; Campus ID’s and jump starts. They also investigate offenses, traffic accidents and medical emergencies on campus. The office is responsible for issuing parking registrations and enforcement of parking violations.

Evacuation – familiarize yourself with the evacuation chart in each building you are in.

Severe Weather - check Rhodes web page, www.rhodesstate.edu, as well as local television and radio stations

STUDENT RESOURCES
Testing Center: TL132, 419-995-8476
Campus Security: TL150, 419-995-8499
Library – Cook Hall, 419-995-8326
Advising: PS 148, 419-995-8400
Financial Aid: PS 150, 419-995-8800
Career Services: PS 150, 419-995-8352
Tutoring:
Writing/Learning Center: SCI 151, Ph. 419-995-8498
Math/Science Skills Center: SCI 240

Help Desk - The Rhodes State Help Desk is located in Keese Hall 102 – next to the open computer lab. Help is available by phone @ 419-995-8069 or in person Mon—Fri 7:30am—10p, Sat 8am—5pm and Sun 1—5pm once the term starts.

ADA Reasonable Accommodations: The Disability Services Office supports all students with documented disabilities who are enrolled for credit. Students are responsible for informing the instructor of any instructional accommodations and/or special learning needs by the end of the first week of the term. Assistance is available to eligible student through the Disability Services Coordinator located in Science Building, Room 151, or by calling (419) 995.8498. [adopted from a statement provided by the Learning Assistance Program updated 6/20/2008].
This course has been approved by the General Education Task Force as a General Education course: No
This course has been approved for the Ohio Transfer Module: No
This course has been approved as an Ohio TAG: NO  If Yes, please complete the following information:
This course has been approved as full or partial fulfillment of the following TAG, [TAG], OAN # [OAN #].

This syllabus can be changed at the discretion of the lead instructor and/or chair of the program.

Updated February 27, 2013 by AB using Rhodes State College Master Syllabi January, 2010
- Revised 12/2/2013 ABB
### FIELDWORK TIME LOG

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**FIELDWORK EDUCATORS (FWE) please sign the back of this form!!!!!

* Please be specific with FWE initials so we can accurately calculate continuing education hours for certification/licensure purposes
## Fieldwork Time Log

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* Please be specific with FWE initials and total hours spent supervising so we can accurately calculate continuing education hours for certification/licensure, please note for these purposes only one person can be supervising at a time.
Division of Allied Health’s
Occupational Therapy Assistant (OTA) Program

Fieldwork Educator Instruction Packet

1) Required Documentation and Communication with Academic Program

2) Guidelines for the Fieldwork Educator

3) Sample Affiliation Schedule

4) Suggested Student Learning Assignments to Promote Clinical Reasoning

5) Verification of Information

6) Occupational Therapy Assistant Program Fieldwork Educator’s Evaluation of Academic Program

7) Required Information for Accreditation
Thank you for accepting a student intern from Rhodes State College for a **Level II fieldwork experience**. Your support with fieldwork education for our program is so valuable!

**Required Documentation and Communication with Academic Program:**

The student is to bring the following documents upon first day of fieldwork:

1) **AOTA Fieldwork Performance Evaluation Form (with return envelope) and Site Specific Objectives:**
   a. **AT ORIENTATION**
      a. Please review with the student your facility’s Site-Specific Objectives to be used with the AOTA Fieldwork Performance Evaluation. The student has been provided with the program’s most recent copy of your site-specific objectives or a sample and instructions. Please review and update with your facility’s fieldwork representative (department head or director). The student will provide the program with any revisions. Contact us should you have questions or concerns as this information is important to assure our objectives match and the student is provided with a good learning experience.

   b. **At MIDTERM (approximately end of week 4)**
      - We request you complete the designated area on the evaluation form for the midterm evaluation which you do NOT need to return unless the student intern warrants intervention for possible failure.

      **MIDTERM CALL** – the student will give you a day/time for a midterm call to be made to the Fieldwork Educator by the Course Instructor and/or Academic Fieldwork Coordinator /Assistant to assess the student intern’s progress based on the midterm evaluation.

   c. **ADDITIONAL CALLS to or visits from Academic Fieldwork Coordinator** – if at any-time throughout the Fieldwork Experience you feel as if you need to talk with the academic program please call:
      - Ann Best, Program Chair and Academic Fieldwork Coordinator (AFWC) at office-419-995-8080 or at mobile phone- 419-234-6007 (can receive text messages on this phone.)
      - Reasons for call may include but are certainly not limited to:
        - student not progressing appropriately (THIS IS A **MANDATORY CALL** – to establish a meeting between you, the AFWC and student to develop a Professional Development Plan, please see the Fieldwork Education Facility Handbook for further detail.)
        - questions related to supervision,
        - need for additional resources,
        - just want to introduce yourself and/or understand the Rhodes OTA program a little better

   d. **UPON CONCLUSION of the ROTATION (week 8)**
      - Please complete the entire Evaluation Form which needs returned promptly.
        - Due to time constraints with graduation, we are asking that you place it in the provided self-addressed and stamped envelope, seal and sign over the seal for security purposes and ask the student intern to hand-deliver it to his/her instructor as soon as possible. If you do not feel comfortable doing this then please feel free to place it in the US Mail promptly.
        - Please make sure to complete and include the Fieldwork Educator’s Information (yellow form described in #3 below)
        - Also please be sure to complete and send the Fieldwork Educators’ Evaluation of Academic Program (blue form described in #2 below) in the self-address/stamped envelope
2) **Fieldwork Educator’s Evaluation of Academic Program (blue form):**
   At the end of the intern’s rotation please complete an evaluation of our program. We appreciate your feedback so that we can improve our program.
   - Return in the self-addressed/stamped envelope (to ensure anonymity.)

3) **Fieldwork Educator’s Information (yellow form):**
   Please complete this very important information necessary for accreditation purposes. You can return with the student’s AOTA Fieldwork Performance Evaluation.

4) **Fieldwork Data Form:**
   The student intern is charged with the responsibility of gathering the data and completing/updating your Facility’s Fieldwork Data Form. We do, however, ask that you review the information gathered and then sign the form verifying accuracy of information. Please contact us should you have any concerns or questions about the information. This information is important in verifying that our information on your facility is accurate.

5) **Rhodes State OTA Fieldwork Education Facility Handbook, Course Syllabus and other resources:**
   Each student intern will bring a hard-copy of the Rhodes Fieldwork Manual for your use while he/she is on rotation with you. We do, however, ask that he/she return it upon completion of his/her rotation so that we can make updates to it as needed. If you need electronic access you can find it on our website as described below.

**Resources for the Fieldwork Site and Educators:**

For helpful resources related to Fieldwork Education please visit our website, [www.rhodesstate.edu](http://www.rhodesstate.edu).
- Choose “Current Students” then “Allied Health” and “Occupational Therapy Assistant.”
- On our page please go to the “Program” tab where a copy of our FW Manual and other resources can be accessed electronically.

In addition, we have several textbooks which may be helpful and can be loaned to you if requested, or we’d be happy to make a visit to your facility and provide a brief training session.

Feel free to contact us at any time should you have questions regarding the program, forms, or information related to the student intern’s performance. A visit to your facility may be warranted based on accreditation requirements or to assist with student intern issues. Thank you, again, for your significant contribution to the profession in assisting our students. Your time and effort is greatly appreciated!

Sincerely,

Ann B. Best, MHS, OTR/L  
Program Chair / Assistant Professor/  
Academic Fieldwork Coordinator  
Phone: 419-995-8080  
E-mail: best.a@rhodesstate.edu

Krystal Hannouz, COTA/L  
Adjunct Instructor/ Academic  
Fieldwork Coordinator Assistant  
Phone: 419-995-8259  
Email: Hannouz.k@rhodesstate.edu

Tracie Recker, OTR/L  
OTA 2170/OTA 2180 Course Instructor  
OTA Adjunct Instructor  
Phone: 419-995-8080 (please leave a message through the AFWC phone to assure promptness in her receiving the message)  
Email: recker.t@rhodesstate.edu
The Fieldwork Educator (FWE) is responsible for daily on-site supervision of the student and for ensuring that all educational objectives are achieved during the course of the affiliation. This includes:

1. Preparing for the student’s arrival by reviewing the student/academic materials, your facility’s established expectations, and Rhodes State College’s Facility Education Handbook. This will help to increase your understanding of the school’s philosophy and curriculum. Feel free to contact the Rhodes Academic Fieldwork Coordinator if you have any questions or concerns.

2. Providing the student with a thorough orientation to your company, facility, center, hospital and rehabilitation department, as applicable.

3. Collaborating with the student to determine his/her overall goals and/or expectations of the affiliation.

4. Reviewing with the student your **Facility’s Site Specific Objectives** to be used with the AOTA Fieldwork Performance Evaluation and your **Facility’s AOTA Fieldwork Data Form and Form A**.
   
a. **Site Specific Objectives to be used with the AOTA Fieldwork Performance Evaluation**: the student has been provided with the program’s most recent copy of your site-specific objectives or a sample and instructions. Please review and update with your facility’s fieldwork representative (department head or director). The student will provide the program with any revisions. Contact the Academic Fieldwork Coordinator should you have questions or concerns as this information is important to assure the program’s objectives match and the student is provided with a good learning experience.
   
b. **Fieldwork Data Form and Form A**: the student is charged with the responsibility of gathering the data and completing/updating and reviewing with you your Facility’s AOTA Fieldwork Data Form and Form A.
   
c. **Verification of Information**: after reviewing the above information please sign the form verifying accuracy of the information provided to/by the student. Please contact the program should you have any concerns or questions about the information. This information is important in verifying that our information on your facility is accurate.

5. Reviewing the OTA student’s professional portfolio to ensure their information complies with your facility’s requirements (ie. CPR, required shots, back ground checks, competencies, etc.)

6. Maximizing the learning experiences available and determine additional experiences for the student within the center (e.g. direct care, a varied caseload, participation in team meetings, rounds, department meetings, in-services, care conferences, exposure to diagnostic procedures and challenging fieldwork assignments which serve to advance each individual’s learning capacities.).
7. Providing daily onsite supervision and immediate feedback to the student regarding their performance as an OTA student. This includes insuring adherence to national and state guidelines. (Refer to the State of Ohio Laws and Rules Governing the Practice of Occupational Therapy @ http://www.otptat.ohio.gov/Portals/0/laws/2012%20OT%20Law%20Effective%20May%201.pdf or each state as applicable, and AOTA’s supervision standards.)

   a. To ensure protection of consumers and opportunities for appropriate role modeling of OT practice, supervision should initially be direct and decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition and the ability of the student.

8. Meeting with the student on a weekly basis (at a minimum) to review objectives and the progression of the student’s completion of the affiliation. (A form can be found in the Fieldwork Facility’s Handbook or the Student will have a copy of the form to help guide communication between the two of you.)

9. Supporting the student’s professional behavior and socialization by pointing out role models for the student to observe.

10. Reviewing and co-signing all documentation completed by the student.

11. Documenting occupational therapy supervision (for OTAs) as per departmental routine. (Refer to the State of Ohio Laws and Rules Governing the Practice of Occupational Therapy @ http://www.otptat.ohio.gov/Portals/0/laws/2012%20OT%20Law%20Effective%20May%201.pdf or each state as applicable.)

12. Communicating with the Academic Fieldwork Coordinator at the school regarding student performance.

13. Preparing and presenting a timely, formal mid-term evaluation in accordance with the requirements of the school. (Forms are provided in your information packet regarding the student from Rhodes State College. **Please note: A copy of the midterm eval does not need sent to the college, unless the student warrants intervention for possible failure.**)

14. Forwarding completed final evaluation to Rhodes State College within 3 days of fieldwork completion. (Use the enclosed self-addressed stamped envelope or return with the student using signature of envelope seal to ensure security.)

15. Maintaining own records to validate professional development/continuing education units for the participation in fieldwork education and student development.
WEEK 1
- Fieldwork educator to orient student to facility and individual department(s)
- Student to review Facility Student Manual (Includes miscellaneous information regarding designated site.)
- Student to review facility's policies and procedures
- Fieldwork educator to review the student's portfolio to ensure compliance with the facility's requirements.
- Student to review medical records including preferred documentation style
- Student to assist with 3-4 client treatments daily and review relevant documentation

WEEK 2
- Student to assist fieldwork educator in identified portions of treatment plans and goal setting
- Student to assist with 3-4 client treatments daily and review relevant documentation
- Student to attend clinical meetings for observation

WEEK 3
- Student to assist fieldwork educator with portions of standardized evaluations, treatment plans, and goal setting
- Student to assist with all scheduled client treatments and review relevant documentation
- Student to attend clinical meetings for observation
- **Begin working on any assignments designated by fieldwork educator**

WEEK 4
- Fieldwork educator to complete Mid-term evaluation at the end of week 4 and discuss results with student (Student to perform their own self-assessment with reflection of their skills/areas of improvement)
- Student to perform 4-5 client treatments daily with minimal assistance from the fieldwork educator and complete relevant documentation, including collaborating with OTR in treatment planning
- Student to complete standardized assessments as assigned by the OTR
- Student to participate in clinical meetings, with supervision from fieldwork educator

WEEK 5
- Perform 5-6 client treatments daily with close supervision and complete relevant documentation, including collaborating with OTR in treatment planning
- **Present selected assignments as designated by the fieldwork educator**
- Participate in clinical meetings
WEEK 6

- Perform 6-8 client treatments daily and complete relevant documentation, including collaborating with OTR in treatment planning
- Participate in clinical meetings

WEEK 7

- Carry full case-load with supervision appropriate for entry-level OTA practitioner.
- Participate in clinical meetings
- Present selected assignments as designated by the fieldwork educator

WEEK 8

- Continue as per week 7
- Present selected assignments as designated by the fieldwork educator
- Student to ensure that all paperwork, time logs, and signatures on appropriate documentation are completed
- Fieldwork educator to complete final evaluation of student, as well as complete required college paperwork (Student Evaluation of Fieldwork Experience)
- Fieldwork educator to review findings and areas of growth with student, as well as any suggestions for areas of further improvement by the student
- Fieldwork educator to return completed evaluation in self-addressed stamped envelope within 3 days of student’s completion of fieldwork
The assignments below represent suggested learning activities for full-time Level II Fieldwork students. Depending upon the level and duration of the student fieldwork rotation, the fieldwork educator may provide the student with additional learning assignments based on individually identified needs and interests. (Note: The student will also be required to complete assignments from their OTA Seminar/Capstone course which are separate from the assignments below. It is the responsibility of the OTA Faculty to guide and grade the Seminar / Capstone assignments)

**Suggested Assignment #1 – Fieldwork In-service**

The student will select a topic relevant to patient care/fieldwork technique/treatment setting to develop and present a 30-45 minute professional in-service. The student will be responsible for necessary materials, scheduling, and provision of references and resources used.

**Suggested Assignment #2 – Case study**

The student will develop a comprehensive summary of a specific client case that includes:

- Disease etiology et al.
- Identified needs and interventions
- Utilization of the OT Practice Framework Terminology in summarizing the above areas
- Theoretical framework(s) used to select and support fieldwork intervention
- Summary of significant learning that occurred by the student during the care of the client
  - Include payer source, case management duties, etc.
- Recommendations of the future care of this client type including alternative intervention strategies not used during this course of care
  - Evidence provided from scholarly literature to support these intervention strategies

**Suggested Assignment #3 – Evidenced-based Practice Paper**

a. Complete a literature search to find 3 level 1-III research articles related to the field of Occupational Therapy or Allied Health Professions that support a treatment method effective for a current patient/client.
   1. Articles must come from credible sources: a professional organization journal and peer-reviewed journal are credible sources.
   2. Complete research of OTA textbooks/lectures or other scholarly work on the treatment method.
   3. Compile the information from steps a. and b. to create a handout for practitioners including:
      1. A thorough description of the therapeutic method using at least 2 scholarly sources.
      2. Description of what the research in the literature says about the effectiveness of this procedure.
      3. Summary of how the above information relates to the patient/client.
      4. References of sources in APA format.

**Suggested Assignment #4 – Fieldwork Experience Journal**

The student should keep a journal of Fieldwork experiences. Confidential / identifying information should not be included.

- The content should include information about what the student is doing and how the student feels about the learning experiences.
- Questions, concerns, notes on progress should be included.
- The journal is a good record of the progression of the student’s fieldwork experience.
- The journal is also intended to keep the Fieldwork Educator and Academic Fieldwork Coordinator aware of what is happening in a student’s fieldwork rotation.
WHAT SHOULD GO IN A JOURNAL?
A journal is a diary of events at your fieldwork site. Your patients/clients/residents MUST remain confidential (HIPPA regulations), therefore, DO NOT USE FULL NAMES, date of birth, etc… A journal should include a summary of what you have done that day. Other ideas regarding journal entries include – interaction with others, questions for your fieldwork educator, questions for your academic fieldwork coordinator, interaction with other supervisors, facility policy questions, reflections, etc.
Facility Name: ______________________

I hereby attest that I have reviewed the information contained in the following documents and have found this information to be current and accurate.

☐ AOTA Fieldwork Data Form _________  ☐  ☐  ☐

☐ AOTA Form A Information _________  ☐  ☐  ☐

☐ Site Specific Objectives _________  ☐  ☐  ☐

Date

Completed or Revised by
Fieldwork site  OTA student  Other

Yes  No

Facility has current Rhodes OTA Program Fieldwork Manual  ☐  ☐
and is aware and able to access the online version

Fieldwork Educator has been informed of Rhodes OTA Program current curriculum via Fieldwork Manual and is aware of how to contact program for any questions about curriculum or objectives for FW education  ☐  ☐

Comments: __________________________________________________________________________
____________________________________________________________________________________

____________________________________  ______________________________________
Facility Fieldwork Representative  OTA Student or AFWC completing information
Directions: Please complete the following survey rating the Rhodes OTA Academic Program related to your student’s Level II Fieldwork Experience

Communication

Written communication

1. **The initial letter and packet of information provided for this student’s fieldwork experience was:**

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<th>Strongly Agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>Well-organized</td>
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<tr>
<td>Had sufficient level of detail to meet our needs</td>
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2. **The packet received with the student on initial visit was:**

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<th>Strongly Agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>Well-organized</td>
<td></td>
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<tr>
<td>Had sufficient level of detail to meet our needs</td>
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<td>Created ease in completing necessary documentation</td>
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Verbal communication

3. **The midterm call from the academic program was:**

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<th>Strongly Agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>Well-organized</td>
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<td>Effective</td>
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<td>Necessary and appreciated</td>
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4. **Overall, the written and verbal communication received from the academic program related to this student’s Level II Fieldwork Experience was:**

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<th>Strongly Agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Adequate to meet our needs</td>
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Please provide any comments you have related to the program’s written or verbal communication with you related to this student’s Level II Fieldwork Experience:
Areas for program improvement:

Areas of program strengths:
Resources

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<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>The Academic program provided necessary resources to help us provide an effective experience for this student <em>(including but not limited to: Fieldwork manual - hard copy or electronic copy online)</em></td>
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<td>The student’s assistance in updating our Fieldwork Data Form and Site Specific Objectives was helpful and effective.</td>
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**Please provide any comments you have related to the program’s provision of adequate resources:**
Areas for program improvement:

Areas of program strengths:

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**Student’s Preparedness for Level II Fieldwork Experience**

Please rank the student’s level of preparedness for this Level II Fieldwork Experience in the following areas:

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<th>Excellent</th>
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<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
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<td>Academic</td>
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<tr>
<td>Professional Behaviors</td>
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<td>Communication Skills</td>
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<td>Clinical Reasoning</td>
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<tr>
<td>Therapeutic Use of Self</td>
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<tr>
<td>Therapeutic Use of Activity</td>
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**Please provide any comments you have related to the program’s preparation of the student for a Level II Fieldwork Experience:**
Areas for program improvement:

Areas of program strengths:

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**Please return this portion of the survey in the self-addressed/stamped envelope (to ensure anonymity).**

Please complete the following section and return with the student’s AOTA Fieldwork Performance Evaluation.
REQUIRED:
Please provide the following information to help us meet all accreditation standards.

Please print legibly so we can properly credit you CEUs for State Licensure and PDUs for National Certification

<table>
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<th>Name</th>
<th>Years of Practice Experience</th>
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<tr>
<th>Professional Qualifications (ie. OTR/L, COTA/L, OT/L, OTA/L)</th>
<th>State Licensure Number</th>
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Preparation to serve as Fieldwork Educator:

Please check:

___ Previous Experience
___ Mentored by another Fieldwork Educator
___ Attended Continuing Education
___ Visited and used resources via AOTA website
___ Reviewed Rhodes Fieldwork Manual – Printed Copy
___ Reviewed Rhodes Fieldwork Manual – Electronic Copy on Rhodes webpage
___ OTHER: ______________________________________________________

OPTIONAL:

We are interested in optional ways to contact you should you ever leave the current facility you are working. Since you have experience with us, we’d like to “keep you” as a Fieldwork Educator.

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<th>Home or mobile phone (if mobile, do you receive texts?)</th>
<th>Personal Email:</th>
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<table>
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<tr>
<th>Home address:</th>
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OPTIONAL: Continuing Education Opportunities for Fieldwork Education:

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<th>YES</th>
<th>NO</th>
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</table>

Would you be interested and willing to participate in on-line continuing education related to Fieldwork Education if approved for State Licensure CEUs and National Certification PDUs? We’d like to offer it free to those, like you, who are willing to be a Fieldwork Educator.

If yes, what is the best way to reach you to inform you of this opportunity?
HOME MAIL/ HOME EMAIL/ WORK MAIL/ WORK EMAIL (circle one)

OPTIONAL:

Would you be interested in assisting the Rhodes OTA Program in any of the following capacities?

Guest Lecturer: YES / NO THANK YOU
Advisory Board member: YES / NO THANK YOU

THANK YOU!!!!!!!!!!

Should you need to speak with someone related to any of the areas on this form please contact:
Ann Best, Rhodes OTA Program Chair, at 419-995-8080.
WEEKLY FEEDBACK FOR FIELDWORK EDUCATOR

Directions: Please complete this form at least one time weekly and share with your fieldwork educator to maintain an open line of communication. (We ask that each student submit at least two completed forms at the end of their experience.)

1. I learned something new when you:

2. I performed the following comfortably:

3. I could have done better with the following:

4. My fieldwork educator helped me by:

5. I would benefit from:

6. My goals for the next week are:

____________________________________
Student Signature

____________________________________
Fieldwork Educator
WEEKLY FEEDBACK FOR STUDENT
(To be completed by fieldwork educator)

Directions: Please use this form as a guide for one time weekly communication with the OTA student
(we ask that you give the student at least two completed forms to turn in at the end of their time with you.)

1. I learned something new when you:

2. You appeared comfortable when you:

3. Your strengths this week were:

4. I feel improvements could be made in (please make suggestions behavioral and measurable if possible)

5. Suggestions of goals to address in the following week:

____________________________________

FWE Signaturestu

____________________________________

Student Signature
Telephone Conference Summary

Student: _____________________

Facility: _______________________________________________________________________

Contact Person: _________________________________________________________________

OTA (circle one) Level I (Wi, Sp, Su, Fall) Level II (1st rotation, 2nd rotation)

Dates of FW Experience: _________________________________________________________

<table>
<thead>
<tr>
<th>Date of Call</th>
<th>Please rate the students performance in the following areas:</th>
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<tr>
<td></td>
<td>Criteria: Poor, Fair / Average, Good, Excellent</td>
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<td>Fundamentals of Practice:</td>
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<td>Basic Tenets:</td>
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<td>Evaluation / Screening:</td>
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<td>Intervention:</td>
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<td>Communication:</td>
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<td>Professional Behaviors:</td>
</tr>
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</table>

Student’s Strengths:
____________________________________________________________________________
____________________________________________________________________________

Areas for Growth:
____________________________________________________________________________
____________________________________________________________________________

Feedback for Rhodes OTA Program:
____________________________________________________________________________
____________________________________________________________________________

Other Comments:
____________________________________________________________________________
____________________________________________________________________________
Fieldwork Site Visit / Student Performance Summary

Date: ______________________   Time of Arrival: ______   Time of Departure: ______

Fieldwork Site: ______________________________________________________________________

FWE(s): _____________________________________________________________________________

Student: _____________________________________________________________________________

Review of student’s strengths: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Areas for improvement: _________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Estimate of student’s overall progress (including midterm / final score): ______________________
___________________________________________________________________________________
___________________________________________________________________________________

Suggested activities to enhance student’s progress: _________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student’s comments: __________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student currently demonstrating: ______ Satisfactory Performance   ______ Unsatisfactory
                                        Performance

Remediation plan established (yes/no) ______________________________________________________

Signatures: ____________________________________________________________

________________________________________________________
Rhodes State College OTA Program uses the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student (2002), as the means to measure satisfactory performance for Level II Fieldwork. This form, which is completed by the Fieldwork Educator at both midterm and the end of the rotation, is provided to the FWE at the beginning of each student rotation. Additional forms may be purchased at http://myaota.aota.org/shop_aota/prodview.aspx?TYPE=D&SKU=1160B.
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:
This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide objective information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Sections outlined with thick black double borders are designed to be customized by your program as needed. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

SPECIFIC INSTRUCTIONS FOR RHODES STUDENTS

Please complete this form as described below. Rhodes students are required to input an exact replication of the written information on this form into an electronic form. Please follow the instructions on the Angel Course Management System for OTA 2170 and OTA 2180.
Instructions to the Student:
Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student’s evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site _____________________________________         Site Code ________
Address _________________________________________________
Placement Dates:  from _________________________ to _______________________
Order of Placement:    [   ] First    [   ] Second    [   ] Third    [   ] Fourth
Living Accommodations:  (include type, cost, location, condition)

Public transportation in the area:

Please write your e-mail address here if you don’t mind future students contacting you to ask you about your experience at this site: ________________

We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.

_____________________________                              _______________________
Student's Signature                                                         FW Educator’s Signature

_____________________________                              _______________________
Student's Name  (Please Print)                                          FW Educator’s Name and credentials  (Please Print)

FW Educator’s years of experience ____________
### ORIENTATION

Indicate your view of the orientation by checking "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Adequate</th>
<th>Organized</th>
<th>Timely</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Site-specific fieldwork objectives</td>
<td>S</td>
<td>I</td>
<td>S</td>
<td>I</td>
</tr>
<tr>
<td>2. Student supervision process</td>
<td>S</td>
<td>I</td>
<td>S</td>
<td>I</td>
</tr>
<tr>
<td>3. Requirements/assignments for students</td>
<td>S</td>
<td>I</td>
<td>S</td>
<td>I</td>
</tr>
<tr>
<td>4. Student schedule (daily/weekly/monthly)</td>
<td></td>
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<tr>
<td>5. Staff introductions</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>6. Overview of physical facilities</td>
<td></td>
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<tr>
<td>7. Agency/Department mission</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. Overview of organizational structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Services provided by the agency</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. Agency/Department policies and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Role of other team members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Documentation procedures</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13. Safety and emergency procedures</td>
<td></td>
<td></td>
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<tr>
<td>14. Confidentiality/HIPAA</td>
<td></td>
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<tr>
<td>15. OSHA—Standard precautions</td>
<td></td>
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<tr>
<td>16. Community resources for service recipients</td>
<td></td>
<td></td>
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<tr>
<td>17. Department model of practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18. Role of occupational therapy services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Methods for evaluating OT services</td>
<td></td>
<td></td>
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<tr>
<td>20. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments or suggestions regarding your orientation to this fieldwork placement:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

### CASELOAD

List approximate number of each age category in your caseload.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3 years old</td>
<td></td>
</tr>
<tr>
<td>3–5 years old</td>
<td></td>
</tr>
<tr>
<td>6–12 years old</td>
<td></td>
</tr>
<tr>
<td>13–21 years old</td>
<td></td>
</tr>
<tr>
<td>22–65 years old</td>
<td></td>
</tr>
<tr>
<td>&gt; 65 years old</td>
<td></td>
</tr>
</tbody>
</table>

List approximate number of each primary condition/problem/diagnosis in your caseload.

<table>
<thead>
<tr>
<th>Condition/Problem</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**OCCUPATIONAL THERAPY PROCESS**

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by circling the appropriate number with #1 being least valuable and #5 being the most valuable.

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>HOW MANY</th>
<th>EDUCATIONAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Client/patient screening</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Client/patient evaluations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>(Use specific names of evaluations)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Written treatment/care plans</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Discharge summary</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

<table>
<thead>
<tr>
<th>Therapeutic Interventions</th>
<th>Individual</th>
<th>Group</th>
<th>Co-Tx</th>
<th>Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>Purposeful activity (therapeutic context leading to occupation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
<tr>
<td>Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

<table>
<thead>
<tr>
<th>Model of Human Occupation</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Adaptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ecology of Human Performance</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Person—Environment—Occupation Model</td>
<td></td>
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</tr>
<tr>
<td>Biomechanical Frame of Reference</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Rehabilitation Frame of Reference</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Neurodevelopmental Theory</td>
<td></td>
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<tr>
<td>Sensory Integration</td>
<td></td>
<td></td>
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<tr>
<td>Behaviorism</td>
<td></td>
<td></td>
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<tr>
<td>Cognitive Theory</td>
<td></td>
<td></td>
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<tr>
<td>Cognitive Disability Frame of Reference</td>
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<tr>
<td>Motor Learning Frame of Reference</td>
<td></td>
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<tr>
<td>Other (list)</td>
<td></td>
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</tbody>
</table>

FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ----- 5 = very valuable)

<table>
<thead>
<tr>
<th>Assignment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study</td>
<td></td>
<td></td>
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<tr>
<td>Evidence-based practice presentation:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
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<td></td>
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<tr>
<td>Revision of site-specific fieldwork objectives</td>
<td></td>
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<tr>
<td>Revision of fieldwork data form</td>
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<tr>
<td>In-service/presentation</td>
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<tr>
<td>Topic:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
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<tr>
<td>Topic:</td>
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<tr>
<td>Other (list)</td>
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</tr>
</tbody>
</table>
ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>Staff and administration demonstrated cultural sensitivity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Practice Framework was integrated into practice</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Student work area/supplies/equipment were adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Opportunities to network with other professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to interact with other OT students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to interact with students from other disciplines</td>
<td></td>
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<tr>
<td>Staff used a team approach to care</td>
<td></td>
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<tr>
<td>Opportunities to observe role modeling of therapeutic relationships</td>
<td></td>
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<tr>
<td>Opportunities to expand knowledge of community resources</td>
<td></td>
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<tr>
<td>Opportunities to participate in research</td>
<td></td>
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</tr>
<tr>
<td>Additional educational opportunities <em>(specify)</em>:</td>
<td></td>
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</tr>
</tbody>
</table>

How would you describe the pace of this setting? (circle one)  
Slow  Med  Fast

Types of documentation used in this setting:

Ending student caseload expectation: _____ # of clients per week or day

Ending student productivity expectation: _____ % per day (direct care)

SUPERVISION

What was the primary model of supervision used? (check one)
- one supervisor : one student
- one supervisor : group of students
- two supervisors : one student
- one supervisor : two students
- distant supervision (primarily off-site)
- three or more supervisors : one student (count person as supervisor if supervision occurred at least weekly)

List fieldwork educators who participated in your learning experience.

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Frequency</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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</tr>
</tbody>
</table>
ACADEMIC PREPARATION

Rate the relevance and adequacy of your academic coursework relative to the needs of THIS fieldwork placement, circling the appropriate number. (Note: may attach own course number)

<table>
<thead>
<tr>
<th>Adequacy for Placement</th>
<th>Relevance for Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low 1 2 3 4 5</td>
<td>Low 1 2 3 4 5</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>
| Anatomy and Kinesiology
  1 2 3 4 5               | 1 2 3 4 5               |
| Neurology              | 1 2 3 4 5               | 1 2 3 4 5               |
| Human development      | 1 2 3 4 5               | 1 2 3 4 5               |
| Evaluation             | 1 2 3 4 5               | 1 2 3 4 5               |
| Intervention planning  | 1 2 3 4 5               | 1 2 3 4 5               |
| Interventions (individual, group, activities, methods) | 1 2 3 4 5 | 1 2 3 4 5 |
| Theory                 | 1 2 3 4 5               | 1 2 3 4 5               |
| Documentation skills   | 1 2 3 4 5               | 1 2 3 4 5               |
| Team work              | 1 2 3 4 5               | 1 2 3 4 5               |
| Professional behavior and communication | 1 2 3 4 5 | 1 2 3 4 5 |
| Therapeutic use of self | 1 2 3 4 5           | 1 2 3 4 5               |
| Level I fieldwork      | 1 2 3 4 5               | 1 2 3 4 5               |
| Program enhancement /development | 1 2 3 4 5       | 1 2 3 4 5               |

What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

☐ Technology
☐ Pathology
☐ Evaluations/assessments
☐ Interventions
☐ Social Roles
☐ Occupation
☐ Neurological tx
☐ Evidence-based practice
☐ Evaluations
☐ History of OT
☐ Anatomy/biomechanics
☐ Management
☐ Program enhancement/devt.
☐ Adapting Environments
☐ OTHER

What changes would you recommend in your academic program relative to the needs of THIS Level II fieldwork experience?
_________________________________________________________________
_________________________________________________________________
_________________________________________ ________________________

SUMMARY

1 = Strongly disagree
2 = Disagree
3 = No Opinion
4 = Agree
5 = Strongly agree

<table>
<thead>
<tr>
<th>Expectations of fieldwork experience were clearly defined</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations were challenging but not overwhelming</td>
<td></td>
</tr>
<tr>
<td>Experiences supported student's professional development</td>
<td></td>
</tr>
<tr>
<td>Experiences matched student's expectations</td>
<td></td>
</tr>
</tbody>
</table>
What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

- Study the following intervention methods:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

- Read up on the following in advance:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Overall, what changes would you recommend in this Level II fieldwork experience?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

**FIELDWORK EDUCATOR**

**NAME:** ____________________________________

**FIELDWORK EDUCATOR YEARS OF EXPERIENCE:** __________

<table>
<thead>
<tr>
<th>Provided ongoing positive feedback in a timely manner</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided ongoing constructive feedback in a timely manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reviewed written work in a timely manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Made specific suggestions to student to improve performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Provided clear performance expectations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sequenced learning experiences to grade progression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Used a variety of instructional strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Taught knowledge and skills to facilitate learning and challenge student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Identified resources to promote student development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Presented clear explanations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Facilitated student’s clinical reasoning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Used a variety of supervisory approaches to facilitate student performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Elicited and responded to student feedback and concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student's growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Supervision changed as fieldwork progressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Provided a positive role model of professional behavior in practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Modeled and encouraged occupation-based practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Modeled and encouraged client-centered practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Modeled and encouraged evidence-based practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Frequency of meetings/types of meetings with supervisor (value/frequency):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

General comments on supervision:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

AOTA SEFWE Task Force, June 2006
EVALUATION OF FIELDWORK EDUCATOR
(MANDATORY: To be completed by student)

Directions: Using the key provided, circle the best response regarding the supervision provided for you by your fieldwork instructor. You do not have to share this information with your CI.

<table>
<thead>
<tr>
<th>Student Name:__________________________________________</th>
<th>3 = Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature:_______________________________________</td>
<td>2 = Adequate</td>
</tr>
<tr>
<td>Date:__________________________________________________</td>
<td>1 = Inadequate at times</td>
</tr>
<tr>
<td>Fieldwork Instructor (FWE): ______________________________</td>
<td>0 = Inadequate</td>
</tr>
<tr>
<td>Facility:________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Term: <strong><strong>Spring 1 (first 8 weeks) <em><strong><strong>Spring 2 (second 8 weeks) _______ Other:</strong></strong></em></strong></strong>____________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orientation to facility, OT process, paperwork, documentation</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your fieldwork instructor’s observation of your performing patient treatments HOW OFTEN DID THIS OCCUR?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Opportunities to discuss clients’ goals and intervention plan with your FWE HOW OFTEN DID THIS OCCUR?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Opportunities to discuss specific intervention techniques with your FWE HOW OFTEN DID THIS OCCUR?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Feedback regarding your performance from your FEW with identification of your strengths and specific, measurable ways you could improve HOW OFTEN DID THIS OCCUR?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Scheduled conferences with your FWE regarding your fieldwork performance HOW OFTEN DID THESE OCCUR?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Do you feel the evaluation of your fieldwork performance was based on objective information?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER:

Comments *(please comments on any score under 3):*
STUDENT EVALUATION OF FIELDWORK ROTATION  
(OPTIONAL FORM -To be completed by student)

Directions: Please comment of this fieldwork experience for each question below. This information will be used to obtain feedback about the facilities strengths and weaknesses as fieldwork site. This information is confidential and will be shared on a “need to know” basis.

Facility ________________________________ Date _________________________

Student Name __________________________ Fieldwork Instructor __________________________

1. What was the main reason you chose this affiliation site?

2. Did you visit or telephone your fieldwork site prior to arrival?

3. Did you find the file in the OTA Department helpful in providing a basic orientation to the facility?

4. What other information might be provided about this site for other students to warrant wanting to complete their affiliation there?

5. Describe the town or city where this facility is located.

6. Did you participate in any local cultural, sports, and / or social activities while you were at this affiliation?

7. What recommendations do you have for the next person regarding free time activities if applicable after hours?

8. Describe your housing accommodations while you were at this fieldwork site. Did you have a roommate? Did you pay for these accommodations? Cost?
STUDENT EVALUATION OF FIELDWORK SITE
(OPTIONAL FORM - to be completed by student)

Directions: Please comment on your experience of each of the categories listed below. This information will be used to give feedback to the facility about its strengths and weaknesses as a fieldwork site. On the day of your final evaluation, please review the feedback you wrote on this form with your fieldwork instructor.

A. Orientation:

B. Quality and variety of learning experiences:

C. Supervision and teaching:

D. Atmosphere of the facility:

E. Services provided (housing, meals, parking, and uniform):

F. Overall assessment:

______________________________  _______________
Student Signature, Title  Date
Section 5: Level I and Level II Fieldwork Forms
Fieldwork Site Determination Form

Facility: ________________________________________  Date: __________________________

On-site visit: ☐  Arrival Time: _____________________  Departure Time: _____________________

Phone Contact: ☐  Time of call: _____________  E-mail contact: ☐  See attached: ____________

Rhodes State College OTA Faculty / AFWC: __________________________________________________

Facility Representative for FW Education: __________________________________________________

The following information is obtained in accordance with ACOTE standards for Fieldwork Education / AOTA Fieldwork Data Form.

1. Facility compliance with standards by external review bodies.
   Name of Agency for External Review: ______________________________________________________
   Year of most recent review: _____________________________________________________________
   Summary of outcomes of OT Department review: ____________________________________________

2. Fieldwork site agency stated mission or purpose: ( See attached )____________________________
   ___________________________________________________________________________________

3. OT Curriculum Design integrated with FW site:
   Rhodes OTA Curricular Design is based upon the following: Knowles Philosophy of Education:
   The Adult Learner; Bloom’s Taxonomy; Deming: Plan-Do-Study-Act Cycle; and Winnie Dunn / Golin and Ducanis (multidisciplinary approach)

   a.) Rhodes State College Curriculum Themes:
      1). Therapeutic Use of Self (cultural competence and client-centered care):
          ________________________________________________________________________________

      2). Clinical Practice (clinical reasoning, therapeutic use of occupation and activity, and activity analysis, technology, emerging areas of practice):
          ________________________________________________________________________________

      3). Communication: (Treatment interactions, documentation, and Intra- & Inter-professional collaboration):
          ________________________________________________________________________________
4). Professionalism (Professional and ethical behavior, evidence-based practice, life-long learning, professional advocacy):

b.) How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client’s “meaningful” doing in this setting? (Examples include eval forms / questions, client goals, treatment approaches and description of environment and supplies).

c). Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?

d). Describe how psychosocial factors influence engagement in occupational therapy services in your setting.

e). Describe how you address clients’ community-based needs in your setting.

4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice?

5. Describe FW Program and how students fit into the program. Describe progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for Level II OTA FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC.

6. Describe the background of supervisors (Form A).
7. Describe the training provided for OT staff for effective supervision of students.
   ◊ Supervisory Models
   ◊ Training on use of FW assessment tools (AOTA FWPE, SEFWE, FEAT)
   ◊ Fieldwork reasoning
   ◊ Reflective Practice

   Comments:

8. Describe process for record keeping of supervisory sessions with a student, and the student orientation process to the agency, OT services and the FW experience. __________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

9. Describe the funding and reimbursement sources and their impact on student supervision. _________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Additional information provided by FW site / comments: _________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

   **AFWC Determination**

**Based on information gathered, AFWC determines that:**

☐ This site is able to meet OTA program criteria for Level _______ in (setting)____________________

☐ This site needs additional assistance and /or resources to meet OTA program’s criteria.
   Comments: ______________________________________________________________________________

☐ This site will not meet OTA program’s criteria at any level or setting.
May 10, 2012

Dear Mr. Smith:

The Division of Allied Health of James A. Rhodes State College is pleased to request an affiliation agreement with your fine institution as we seek to partner with you to provide clinical education and working together to develop the next generation of health care providers for West Central Ohio. Because Rhodes State is a state institution, we are under the legal counsel of the Ohio Attorney’s General (AG) office. Our college administration can not accept any alternative affiliation agreement without AG approval and therefore we request that your legal counsel consider the enclosed affiliation agreement approved by the AG as this will help facilitate the agreement in a timely manner.

We endeavor to provide one agreement between all Rhodes State College’s Allied Health Division programs. The following checked programs wish to affiliate with your site for clinical rotations.

- Emergency Medical Services
- Occupational Therapy Assistant
- Physical Therapist Assistant
- Radiographic Imaging
- Phlebotomy
- Respiratory Care

New to this AG approved agreement is an annual renewal clause. If both parties are in agreement, we will simply send a letter of intent to renew next year which should help streamline this process for future academic years.

Please review the agreement and return both copies of it to me with the appropriate signatures. You will then receive one original copy back with our signatures for your records. In order to facilitate effective communications between the Dean of Allied Health’s office and your institution, please contact me if the contact person changes so that we can maintain our records accurately. I look forward to our continued partnership. If I may be of any further assistance, please contact me.

Sincerely,

Letisha Hatfield, MS, RRT, CPFT
Dean, Division of Allied Health

Enclosures
Clinical Affiliation Agreement
Allied Health Affiliation Agreement
Between James A. Rhodes State College & Generic

This Agreement between James A. Rhodes State College (College), an Ohio state-supported institution of higher education created pursuant to O.R.C.3357, with its principal address as, 4240 Campus Drive, Lima, Ohio, 45804 and Generic (Facility) with its principal address as, 1234 Main Street, Lima, OH 12345.

WHEREAS, College has established an Allied Health program (“Program”), certified and accredited by the Commission on Accreditation of Allied Health Education Program, the Ohio Department of Public Safety, Division of Emergency Medical Services, the Accreditation Council for Occupational Therapy Education, the Commission of Accreditation in Physical Therapy Education, the Joint Review Committee on Education in Radiologic Technology and desires a clinical educational experience for its students; and

WHEREAS, Facility desires to provide a clinical facility for College’s clinical education program and has the clinical setting and equipment needed for Program;

NOW, therefore, the parties, in consideration of the terms and conditions set forth herein, agree as follows:

§ 1.0 Responsibilities of Facility

§ 1.1 Facility will provide suitable clinical learning experience and supervision consistent with the Program’s curriculum and objectives in accordance with College’s academic calendar. Namely, Facility will provide, to the extent possible, suitable classroom space and facilities, equipment and supplies needed for clinical instruction at Facility.

§ 1.2 Facility will designate appropriate personnel to coordinate the students’ clinical learning experience in the Program. Facility shall ensure that an adequate number of its [patients or clients] are available to provide the College’s students with meaningful clinical experiences. The facility is ultimately responsible for patient care. It is understood that Program students do not replace Facility staff.

§ 1.3 Facility, shall permit, upon reasonable request, the inspection of its facilities and records by College and by agencies responsible for College’s accreditation of Program.

§ 1.4 Facility will provide emergency care in case of illness or accident to any participating student of College faculty or staff.

§ 1.5 Facility shall maintain all certifications, accreditations, and licenses appropriate for its business.

§ 1.6 Facility understands that it may generate or otherwise be in possession of confidential educational records regarding the College’s students, and that these records are protected by federal law including, inter alia, the Family Education and Privacy Rights Act (“FERPA”), 20 U.S.C.A. § 1232g. Facility further understands that it may not share or disclose these educational records with any party other than the College.
§ 2.0 Responsibilities of College

§ 2.1 College, through its Dean of Allied Health after consultation with Facility, shall plan and oversee the Program. College shall retain ultimate responsibility for the students’ grades, evaluations and discipline.

§ 2.2 College will provide and maintain the records and reports necessary for conducting the students’ clinical learning experience.

§ 2.3 College will provide Facility with an annual announcement or description of the Program, curriculum and objectives to be achieved at Facility, and the academic calendar of College.

§ 3.0 Application of Facility’s Rules & Procedures

§ 3.1 It is understood that College’s students and faculty, during clinical training at Facility, will be under the jurisdiction of Facility officials for training purposes and that such persons will be subject to Facility’s rules directly related to clinical training.

§ 3.2 College will require students and faculty to comply with Facility’s policies and procedures, including, but not limited to, matters relating to conduct, such as dress code, safety requirements, such as OSHA and use and disclosure of individually identifiable information under HIPAA. Facility will provide College a copy of its applicable policies and procedures.

§ 3.3 The College shall notify its students that they are required to submit to a criminal background check in order to be placed in a clinical setting, and the College shall order said check to be sent directly to the clinical facility. The clinical facility will make the determination of whether to place a student based on whatever criteria it normally uses to hire at its facilities. Notification of acceptance or rejection will be sent by the clinical facility to the College. The student will be responsible for the cost of the criminal background check.

§ 4.0 Student & Faculty Status

§ 4.1 Student eligibility in the Program will be determined by College. College will require each student participating in the clinical experience at Facility to have: 1) received appropriate instruction; 2) satisfactorily completed the prerequisite courses; 3) met health, safety and immunization requirements; 4) current liability insurance, and 5) required documentation.

§ 4.2 Solely for the purpose of HIPAA requirements that relate to the use and disclosure of Facility’s protected health information, students and College faculty are defined as members of Facility’s workforce, as that term is defined by 45 CFR 160.103, for activities conducted pursuant to this Agreement. Students participating in the Program are not employees or agents of Facility.

§ 5.0 Student Removal

§ 5.1 Facility will recommend to College the withdrawal of a Program student if: 1) the achievement, progress, adjustment, or health of the student does not warrant continuation at Facility; or 2) the behavior of the student fails to conform to the applicable regulations of Facility. Facility will assist College, if necessary, in implementing this recommendation.
§ 5.2 Facility reserves the right, exercisable in its discretion after consultation with College, to exclude any student from its premises in the event that such person’s conduct or state of health is deemed objectionable or detrimental, having in mind the proper administration of said Facility.

§ 5.3 College will withdraw a student from Program at Facility if, after consultation with Facility personnel, Institution determines such action to be warranted.

§ 6.0 Term and Termination

§ 6.1 This Agreement shall be effective March 15, 2009 and end on March 15, 2010.

§ 6.2 Renewal. The term of the Agreement will be renewable for successive one-year periods, subject to 90 days written notice to not renew by either party.

§ 6.3 Termination. This Agreement may be terminated at any time by either party by giving the other party 90 days advance written notice, provided that students participating in the Program at the end of notice period shall have the opportunity to complete their clinical experience at the Facility.

§ 7.0 Non-Discrimination
It is the policy of James A. Rhodes State College that discrimination against any individual for any reasons of race, color, religion, national origin, sex, sexual orientation, qualified disability, age (40 or older), or because he/she is a Vietnam-era veteran or a disabled veteran is specifically prohibited. Accordingly, equal opportunity will be extended to all persons. The College’s admissions policies, instructional programs, extracurricular activities and employment practices will reflect this Nondiscrimination Policy.

The College has appointed the individuals listed below as Title IX and Section 504 compliance officers. Students who believe that they have experienced discrimination, including sexual harassment, should contact:

Dean of Student Affairs
Phone: 419 995 8133

Employees or applicants for employment who believe that they have suffered discrimination, including sexual harassment, should contact:

Director of Human Resources
Phone: 419 995 8222

§ 8.0 Insurance

College and Facility shall maintain liability insurance policies insuring against liability arising from the acts and omissions of its agents and employees. The limits of such policies shall not be less than $1,000,000 per occurrence and $3,000,000 aggregate through umbrella coverage. Both Facility and College shall provide proof of such coverage to the other party upon request.
§ 9.0 Non-Assignment and Subcontracting

Facility shall not assign, transfer, or contract for the furnishing of services to be performed under this Agreement without the written approval of College.

§ 10.0 Entire Agreement; Modification

This Agreement, including attachments constitutes the entire understanding between the parties with respect to the subject matter hereof and may be modified only by a writing signed by both parties.

§ 11.0 Governing Law

This Agreement shall be governed by and construed under the laws of the State of Ohio. Any litigation arising out of or relating to this Agreement or the performance shall be brought only in an appropriate court of this State.

§ 12.0 Representation of Authority

Each of the parties that has executed this Agreement through its undersigned authorized representative, and each representative so executing, hereby warrants and represents to the other parties that the undersigned representative has full authority to execute this Agreement on behalf of the party for whom said authorized representative purports to act.

§ 13.0 Notice

Any notice required hereunder shall be made in writing and shall be accomplished by personal delivery, facsimile, or by U.S. Mail, certified, return receipt requested, addressed to the following parties:

Dean of Allied Health
James A. Rhodes State College
4240 Campus Drive
Lima, OH 45804
419-995-8230
419-995-8093
§ 14.0 Severability

In the event one or more clauses of this Agreement are declared illegal, void or unenforceable, said provision shall be severed. The validity, legality, and enforceability of all other provisions of this Agreement shall not in any way be effected or impaired unless such severance would cause this Agreement to fail of its essential purpose.

IN WITNESS WHEREOF, the authorized representative of the parties have executed this Agreement on this ___ day of _____, 20__.

James A. Rhodes State College

By: ___________________________           ________________________
    Dean of Allied Health           Date

By: ____________________________
    Vice President of Academic Affairs
    Generic

By: ____________________________
    Director of Education & Prgm. Development     Date

________________________________________________________
    Print or Type Full Name and Title
Introduction:

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and occupational therapy assistant (OTA) academic programs, OT/OTA students, and fieldwork educators. Fieldwork Educators and Academic Fieldwork Coordinators (AFWC) jointly complete the Fieldwork Data Form to describe the fieldwork setting where students may have placements. While much of the information may be completed by the Fieldwork Educator, there will be additional information best obtained through AFWC interview of the fieldwork education coordinator at the site. The AFWC will find opportunity to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards that support the ACOTE on-site accreditation review process. In addition, OT/OTA students will find valuable information describing the characteristics of the fieldwork setting, the client population, commonly used assessments, interventions, and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the Occupational Therapy Practice Framework terminology and best practice in occupational therapy to promote quality fieldwork experiences. It was developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.
AOTA FIELDWORK DATA FORM

Date: 
Name of Facility: 
Address: Street City State Zip: 

FW I
Contact Person: E-mail: 
Phone: 
Initiation Source: Corporate Status: Preferred Sequence of FW: 
FW II
Contact Person: E-mail: 
Phone: 

Director: Phone: Fax: Web site address: 

OT Fieldwork Practice Settings (ACOTE Form A #s noted) :
Hospital-based settings Community-based settings School-based settings Age Groups: Number of Staff: 
- In-Patient Acute 1.1 - Peds Community 2.1 - Early Intervention 3.1 - 0-5 - OTRs: 
- In-Patient Rehab 1.2 - Behavioral Health Community 2.2 - School 3.2 - 6-12 - COTA: 
- SNF/ Sub-Acute/ Acute Long-Term Care 1.3 - Older Adult Community Living 2.3 - 13-21 - Aides: 
- General Rehab Outpatient 1.4 - Older Adult Day Program 2.4 - 22-64 - PT: 
- Outpatient Hands 1.5 - Adult Day Program for DD 2.6 - 65+ - Speech: 
- Pediatric Hospital/Unit 1.6 - Home Health 2.7 - Resource Teacher: 
- Peds Hospital Outpatient 1.7 - Peds Outpatient Clinic 2.8 - Counselor/Psychologist: 
- In-Patient Psych 1.8 -

Student Prerequisites (check all that apply) Health requirements: 
- CPR - First Aid - HepB - Physical Check up 
- Medicare / Medicaid Fraud Check - Infection Control training - MMR - Varicella 
- Criminal Background Check - HIPAA Training - Tetanus - Influenza 
- Child Protection/abuse check - Prof. Liability Ins. - Chest x-ray - Other: 
- Adult abuse check - Own transportation - Drug screening 
- Fingerprinting - Interview - TB/Mantoux 

Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply) Context(s): 
Performance Skills: Motor Skills  
- Posture  - Client Factors: 
- Mobility  - Body functions/structures 
- Coordination  - Mental functions- affective 
- Strength & effort  - Mental functions-cognitive 
- Energy  - Mental functions- perceptual 
Process Skills:  
- Energy  - Sensory functions & pain 
- Knowledge  - Voice & speech functions 
- Temporal organization  - Major organ systems: heart, lungs, blood, immune 
- Organizing space & objects  - Digestion/ metabolic/ endocrine systems 
- Adaptation  - Reproductive functions 
Communication/ Interaction Skills  
- Physicality- non verbal  - Neuromusculoskeletal & movement functions 
- Information exchange  - Skin 
- Relations  

Most common services priorities (check all that apply) 
- Direct service  - Consultation 
- Discharge planning  - In-service training 
- Evaluation  - Billing 
- Client education  - Documentation 
- Intervention 

ACOTE Standards B.10.6

### Types of OT Interventions addressed in this setting (check all that apply): *ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20*

#### Occupation-based activity - within client’s own environmental context; based on their goals addressed in this setting (check all that apply):


**Activities of Daily Living (ADL)**
- Bathing/showering
- Bowel and bladder mgmt
- Dressing
- Eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene & grooming
- Sexual activity
- Sleep/rest
- Toilet hygiene

**Instrumental Activities of Daily Living (IADL)**
- Care of others/pets
- Child rearing
- Communication device use
- Community mobility
- Financial management
- Health management & maintenance
- Home establishment & management
- Meal preparation & clean up
- Safety procedures & emergency responses
- Shopping

**Education**
- Formal education participation
- Exploration of informal personal education needs or interests
- Informal personal education participation

**Work**
- Employment interests & pursuits
- Employment seeking and acquisition
- Job performance
- Retirement preparation & adjustment
- Volunteer exploration / participation

**Social Participation**
- Community
- Family
- Peer/friend

**Therapeutic Use-of-Self**
- Describe

**Consultation Process**
- Describe

**Education Process**
- Describe

---

#### Method of Intervention

**Direct Services/case load for entry-level OT**
- One-to-one:
- Small group(s):
- Large group:

**Discharge Outcomes of clients (%)**
- Home
- Another medical facility
- Home Health

---

#### Outcomes of Intervention *

- Occupational performance- improve &/or enhance
- Client Satisfaction
- Role Competence
- Adaptation
- Health & Wellness
- Prevention
- Quality of Life

**OT Intervention Approaches**
- Create, promote (health promotion)
- Establish, restore, remediation
- Maintain
- Modify, compensation, adaptation
- Prevent, disability prevention

**Theory/ Frames of Reference/ Models of Practice**
- Acquisitional
- Biomechanical
- Cognitive - Behavioral
- Coping
- Developmental
- Ecology of Human Performance
- Model of Human Occupation (MOHO)
- Occupational Adaptation
- Occupational Performance Model
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration
- Other (please list):

---

Please list most common screenings and evaluations used in your setting:

- [ ] Medications
- [ ] Post-surgical (list procedures)
- [ ] Contact guard for ambulation
- [ ] Fall risk
- [ ] Other (describe):

- [ ] Swallowing/ choking risks
- [ ] Behavioral system/ privilege level (locked areas, grounds)
- [ ] Sharps count
- [ ] 1:1 safety/ suicide precautions

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:
Target caseload/productivity for fieldwork students:
- Productivity % per 40 hour work week:
- Caseload expectation at end of FW:
- Productivity % per 8 hour day:
- # Groups per day expectation at end of FW:

Documentation: Frequency/Format (briefly describe):
- Hand-written documentation:
- Computerized Medical Records:
- Time frame requirements to complete documentation:

Administrative/Management duties or responsibilities of the OT/OTA student:
- Schedule own clients
- Supervision of others (Level I students, aides, OTA, volunteers)
- Budgeting
- Procuring supplies (shopping for cooking groups, client/intervention related items)
- Participating in supply or environmental maintenance
- Other:

Student Assignments. Students will be expected to successfully complete:
- Research/EBP/Literature review
- In-service
- Case study
- Participate in in-services/ grand rounds
- Fieldwork Project (describe):
- Field visits/rotations to other areas of service
- Observation of other units/disciplines
- Other assignments (please list):

ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

   Name of Agency for External Review:
   Year of most recent review:
   Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached). ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.14, B.10.15

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.11, B.10.15
   a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client’s ‘meaningful’ doing in this setting?
   b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?
   c. Describe how psychosocial factors influence engagement in occupational therapy services?
   d. Describe how you address clients’ community-based needs in your setting?

4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards B.10.1, B.10.3, B.10.4, B.10.11, B.10.15
5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC. ACOTE Standards B.10.2, B.10.3, B.10.5, B.10.7, B.10.11, B.10.19, B.10.20, b.10.21

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students) ACOTE Standards B.10.13, B.10.12, B.10.17 (provide a template)

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21

- Supervisory models
- Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
- Clinical reasoning
- Reflective practice

Comments:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency, OT services and the fieldwork experience. ACOTE Standards B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21

Supervisory patterns–Description (respond to all that apply)

- 1:1 Supervision Model:
- Multiple students supervised by one supervisor:
- Collaborative Supervision Model:
- Multiple supervisors share supervision of one student, # supervisors per student:
- Non-OT supervisors:


Status/Tracking Information Sent to Facility

To be used by OT Academic Program

ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

Which Documentation Does The Fieldwork Site Need?

- A Fieldwork Agreement/ Contract?
- OR
- A Memorandum of Understanding?

Which FW Agreement will be used:  □ OT Academic Program Fieldwork Agreement □ Fieldwork Site Agreement/ Contract

<table>
<thead>
<tr>
<th>Title of Parent Corporation (if different from facility name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Business Organization (Corporation, partnership, sole proprietor, etc.):</td>
</tr>
<tr>
<td>State of Incorporation:</td>
</tr>
<tr>
<td>Fieldwork Site agreement negotiator:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
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<tr>
<td>Address (if different from facility):</td>
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<tr>
<td>Street:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
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<tr>
<td>Zip:</td>
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</tbody>
</table>
Name of student: | Potential start date for fieldwork: 
---|---
Any notation or changes that you want to include in the initial contact letter: 

**Information Status:**
- New general facility letter sent: 
- Level I Information Packet sent: 
- Level II Information Packet sent: 
- Mail contract with intro letter (sent): 
- Confirmation sent: 
- Model Behavioral Objectives: 
- Week-by-Week Outline: 
- Other Information: 
- Database entry: 
  - Facility Information: 
  - Student fieldwork information: 
- Make facility folder: 
- Print facility sheet: 

Revised 3/24/2014
Site Specific Objectives for AOTA Fieldwork Performance Evaluation

Name of Facility

in collaboration with
Rhodes OTA Program

Numbered Performance Items are taken from the AOTA Fieldwork Performance Evaluation Form. Bullets under these represent this facility’s specific objectives (and methods which are optional) for the student to demonstrate mastery or progress toward these Performance Items.

(Please only edit inside the boxes. Do not edit other print on this form.)

I. Fundamentals of Practice

1. **Ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics and site’s policies and procedures.
   - Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

2. **Safety:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
   - Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

3. **Safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
   - Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

II. Basic Tenets of Occupational Therapy

4. **Occupational Therapy Philosophy:** Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, significant others, and service providers.
   - Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)
5. Occupational Therapist/Occupational Therapy Assistant Roles: Communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, and service providers.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

6. Evidenced-based Practice: Makes informed practice decisions based on published research and relevant informational resources.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

III. Evaluations/Screening

7. Gathers Data: Under the supervision of and in cooperation with the occupational therapist and/or occupational therapy assistant, accurately gathers relevant information regarding a client’s occupations of self care, productivity, leisure, and the factors that support and hinder occupational performance.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

8. Administers Assessments: Establishes service competency in assessment methods, including but not limited to interviews, observations, assessment tools, and chart reviews within the context of the service delivery setting.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

9. Interprets: Assists with interpreting assessments in relation to the client’s performance and goals in collaboration with the occupational therapist.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

10. Reports: Reports results accurately in a clear, concise manner that reflects the client’s status and goals.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

11. Establish Goals: Develops client-centered and occupation-based goals in collaboration with the occupational therapist.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

IV. Intervention

12. Plans Intervention: In collaboration with the occupational therapist, establishes methods, duration and frequency of interventions that are client-centered and occupation-based. Intervention plans reflect context of setting.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)
13. Selects Intervention: Selects and sequences relevant interventions that promote the client’s ability to engage in occupations.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

14. Implements Intervention: Implements occupation-based interventions effectively in collaboration with clients, families, significant others, and service providers.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

15. Activity Analysis: Grades activities to motivate and challenge clients in order to facilitate progress.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

16. Therapeutic Use of Self: Effectively interacts with clients to facilitate accomplishment of established goals.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

17. Modifies Intervention Plan: Monitors the client’s status in order to update, change, or terminate the intervention plan in collaboration with the occupational therapist.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

V. Communication

18. Verbal/Nonverbal Communication: Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

19. Written Communication: Produces clear and accurate documentation according to site requirements. All writing is legible, using proper spelling, punctuation, and grammar.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

VI. Professional Behaviors

20. Self-Responsibility: Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.

- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)


- Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)

22. Work Behaviors: Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.
<table>
<thead>
<tr>
<th>23. Time Management</th>
<th>Demonstrates effective time management.</th>
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<tbody>
<tr>
<td></td>
<td>Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)</td>
</tr>
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</table>

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<thead>
<tr>
<th>24. Interpersonal Skills</th>
<th>Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.</th>
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<tbody>
<tr>
<td></td>
<td>Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>25. Cultural Competence</th>
<th>Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Place SSOs for this Performance Item here in bulleted format. (If the facility has identified “methods” for student to achieve this SSO, then place below each SSO)</td>
</tr>
</tbody>
</table>
Section 6: Additional Resources from AOTA

For free additional resources for fieldwork educators, please visit the AOTA website at:


Some good books we’ve found helpful include: