

OCCUPATIONAL THERAPY FIELDWORK EDUCATOR & FACILITY CHECKLIST

Name of Facility: _____
 Address: _____ Facility Phone: _____
 Facility Fax: _____ Student Coordinator Name: _____
 Email: _____

To assist with our data collection of meeting ACOTE objectives, could you please confirm that the following information and resources are available for students on fieldwork by checking Yes or No?:

Resource	Yes	No
Fieldwork Site Specific Learning Objectives that include how OT addresses psychosocial factors		
Up-to-date AOTA Data Form		
Operational Policies and Procedures		
Health and Safety Policies and Procedures		
Potential student learning opportunities for inter-professional collaboration, professional development, leadership, and advocacy		
Support for student		
Support for fieldwork educator		
Support for students with diverse needs		
Student orientation		
Resource file to support independent student learning		
Student access to Internet and computer		
Student access to electronic medical records or documentation system		
Plan identified if primary fieldwork educator is absent		
Fieldwork educator understands how to use Formstack to complete the AOTA Fieldwork Performance Evaluation		
Fieldwork educator has reviewed the OT programs fieldwork manual and curriculum information		
Supervising OT practitioner utilizes a client centered, evidence- and occupation-based approach to practice		
Supervising occupational therapy practitioner is adequately prepared to take a fieldwork student (examples: AOTA Fieldwork Educator certified, demonstrates effective supervisor characteristics)		
The Level II fieldwork educator has a minimum of 1 year of practice experience and licensed to practice		
The Level I fieldwork educator is licensed or otherwise regulated (ex. OTR, COTA, PT, PTA, SLP, teacher, rec. therapist, counselor, social worker, RN, etc.)		

Circle all that apply:

What is the student/supervisor ratio? 1:1 1:2 2:1 2:2 Other: _____

What is the plan for supervision? direct/ indirect /distant daily/ weekly group/ individual

Signature

Date

Thank you for your assistance with completing this form. If you should have any questions, need support and/or training, please feel free to contact the Academic Fieldwork Coordinator: Ms. April Hilsdon, MOT, OTR/L at (901) 448-2296 or otfieldwork@uthsc.edu