

DEPARTMENT OF OCCUPATIONAL THERAPY & OCCUPATIONAL SCIENCE
LEVEL II FIELDWORK
Mid-Term Documentation

Student's Name: _____

Fieldwork Educator (FWEd): _____ Type: PD _____

Placement Site: _____
Psy _____
Spec _____

ORDER OF PLACEMENT (Circle) 1 2 3

Dates of Placement _____

Date: _____ **Supervisor's Report:** (Indicate on continuum with an X)

Danger of Failing _____ Excellent
1 2 3 4 5

Comments: (Please include your suggestions about how we can better prepare students for your setting)

FWEd Signature: _____

Date: _____ **Student's Report:** (Indicate on continuum with an X)

Horrible/Needs Help _____ Excellent
1 2 3 4 5

Comments:

Student Signature: _____

Action Needed? Yes ___ No ___ If yes, begin "Problem" sheet!

Faculty Signature _____