**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:

<table>
<thead>
<tr>
<th>FW I</th>
<th>FW II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Person:</strong></td>
<td><strong>Contact Person:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><strong>E-mail:</strong></td>
</tr>
<tr>
<td><strong>Credentials:</strong></td>
<td><strong>Credentials:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Initiation Source:</strong></th>
<th><strong>Corporate Status:</strong></th>
<th><strong>Preferred Sequence of FW:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FW Office</td>
<td>For Profit</td>
<td>ACOTE Standards B.10.6</td>
</tr>
<tr>
<td>FW Site</td>
<td>Non-Profit</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>State Gov’t</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Federal Gov’t</td>
<td></td>
</tr>
</tbody>
</table>

**Director:**

**Phone:**

**Fax:**

**Web site address:**

**OT Fieldwork Practice Settings** *(ACOTE Form A #s noted)*:

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Patient Acute 1.1</td>
<td>Peds Community 2.1</td>
<td>Early Intervention</td>
<td>0-5</td>
<td>OTRs:</td>
</tr>
<tr>
<td>In-Patient Rehab 1.2</td>
<td>Behavioral Health Community 2.2</td>
<td>School 3.2</td>
<td>6-12</td>
<td>COTAs:</td>
</tr>
<tr>
<td>SNF/ Sub-Acute/ Acute</td>
<td>Older Adult Community Living 2.3</td>
<td>Other area(s)</td>
<td>13-21</td>
<td>Aides:</td>
</tr>
<tr>
<td>Long-Term Care 1.3</td>
<td>Older Adult Day Program 2.4</td>
<td>please specify:</td>
<td>22-64</td>
<td>PT:</td>
</tr>
<tr>
<td>General Rehab Outpatient 1.4</td>
<td>Outpatient/hand private practice 2.5</td>
<td></td>
<td>65+</td>
<td>Speech:</td>
</tr>
<tr>
<td>Outpatient Hands 1.5</td>
<td>Adult Day Program for DD 2.6</td>
<td></td>
<td></td>
<td>Resource Teacher:</td>
</tr>
<tr>
<td>Pediatric Hospital/Unit 1.6</td>
<td>Home Health 2.7</td>
<td></td>
<td></td>
<td>Counselor/Psychologist:</td>
</tr>
<tr>
<td>Peds Hospital Outpatient 1.7</td>
<td>Peds Outpatient Clinic 2.8</td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Student Prerequisites** *(check all that apply) ACOTE Standard B.10.6*:

- CPR
- Medicare / Medicaid Fraud Check
- Criminal Background Check
- Child Protection/abuse check
- Adult abuse check
- Fingerprinting

**Health requirements:**

- First Aid
- Infection Control training
- HIPAA Training
- Prof. Liability Ins.
- Own transportation
- Interview

- HepB
- MMR
- Tetanus
- Chest x-ray
- Drug screening
- TB/Mantoux

**Performance skills, patterns, contexts and client factors addressed in this setting** *(check all that apply)*

**Performance Skills:**

- Motor Skills
  - Posture
  - Mobility
  - Coordination
  - Strength & effort
  - Energy

- Process Skills
  - Energy
  - Knowledge
  - Temporal organization
  - Organizing space & objects
  - Adaptation

- Communication/ Interaction Skills
  - Physicality- non verbal
  - Information exchange
  - Relations

**Client Factors:**

- Body functions/structures
  - Mental functions- affective
  - Mental functions-cognitive
  - Mental functions- perceptual
  - Sensory functions & pain
  - Voice & speech functions
  - Major organ systems: heart, lungs, blood, immune
  - Digestion/ metabolic/ endocrine systems
  - Reproductive functions
  - Neuromusculoskeletal & movement functions
  - Skin

**Context(s):**

- Cultural- ethnic beliefs & values
- Physical environment
- Social Relationships
- Personal- age, gender, etc.
- Spiritual
- Temporal- life stages, etc.
- Virtual- simulation of env, chat room, etc.

**Performance Patterns/Habits**

- Impoverished habits
- Useful habits
- Dominating habits
- Routine sequences
- Roles

**Most common services priorities** *(check all that apply)*

- Direct service
- Meetings(team, department, family)
- Consultation
- In-service training
- Billing
- Client education
- Documentation
- Evaluation
- Intervention
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):


<table>
<thead>
<tr>
<th>Activities of Daily Living (ADL)</th>
<th>Instrumental Activities of Daily Living (IADL)</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing/showering</td>
<td>Care of others/pets</td>
<td>Formal education participation</td>
</tr>
<tr>
<td>Bowel and bladder mgmt</td>
<td>Child rearing</td>
<td>Exploration of informal personal education needs or interests</td>
</tr>
<tr>
<td>Dressing</td>
<td>Communication device use</td>
<td>Informal personal education participation</td>
</tr>
<tr>
<td>Eating</td>
<td>Community mobility</td>
<td>Work</td>
</tr>
<tr>
<td>Feeding</td>
<td>Financial management</td>
<td>Employment interests &amp; pursuits</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Health management &amp; maintenance</td>
<td>Employment seeking and acquisition</td>
</tr>
<tr>
<td>Personal device care</td>
<td>Home establishment &amp; management</td>
<td>Job performance</td>
</tr>
<tr>
<td>Personal hygiene &amp; grooming</td>
<td>Meal preparation &amp; clean up</td>
<td>Retirement preparation &amp; adjustment</td>
</tr>
<tr>
<td>Sexual activity</td>
<td>Safety procedures &amp; emergency responses</td>
<td>Volunteer exploration / participation</td>
</tr>
<tr>
<td>Sleep/rest</td>
<td>Shopping</td>
<td></td>
</tr>
<tr>
<td>Toilet hygiene</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Play</th>
<th>Leisure</th>
<th>Social Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play exploration</td>
<td>Leisure exploration</td>
<td>Community</td>
</tr>
<tr>
<td>Play participation</td>
<td>Leisure participation</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer/friend</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context</th>
<th>Preparatory Methods- preparation for purposeful &amp; occupation-based activity</th>
<th>Therapeutic Use-of-Self- describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing an activity</td>
<td>Sensory-Stimulation</td>
<td>Consultation Process- describe</td>
</tr>
<tr>
<td>Simulation of activity</td>
<td>Physical agent modalities</td>
<td>Education Process- describe</td>
</tr>
<tr>
<td>Role Play</td>
<td>Splinting</td>
<td></td>
</tr>
<tr>
<td>Examples:</td>
<td>Exercise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Examples:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of Intervention</th>
<th>Outcomes of Intervention *</th>
<th>Theory/ Frames of Reference/ Models of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Services/case load for entry-level OT</td>
<td>- Occupational performance- improve &amp;/ or enhance</td>
<td>- Acquisitional</td>
</tr>
<tr>
<td>One-to-one:</td>
<td>- Client Satisfaction</td>
<td>- Biomechanical</td>
</tr>
<tr>
<td>Small group(s):</td>
<td>- Role Competence</td>
<td>- Cognitive- Behavioral</td>
</tr>
<tr>
<td>Large group:</td>
<td>- Adaptation</td>
<td>- Coping</td>
</tr>
<tr>
<td>Discharge Outcomes of clients (% clients)</td>
<td>- Health &amp; Wellness</td>
<td>- Developmental</td>
</tr>
<tr>
<td>Home</td>
<td>- Prevention</td>
<td>- Ecology of Human Performance</td>
</tr>
<tr>
<td>Another medical facility</td>
<td>- Quality of Life</td>
<td>- Model of Human Occupation (MOHO)</td>
</tr>
<tr>
<td>Home Health</td>
<td></td>
<td>- Occupational Adaptation</td>
</tr>
</tbody>
</table>

### OT Intervention Approaches

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

### Method of Intervention

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

### Discharge Outcomes of clients (% clients)

- Home
- Another medical facility
- Home Health

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

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

### Identify safety precautions important at your FW site

- 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:

- Identify safety precautions important at your FW site
  - Medications
  - Post-surgical (list procedures)
  - Contact guard for ambulation
  - Fall risk
  - Other (describe):

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

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

Student work schedule & outside study expected:

<table>
<thead>
<tr>
<th>Schedule hrs/ week/day:</th>
<th>Room provided</th>
<th>Meals</th>
<th>Stipend amount</th>
<th>Describe level of structure for student?</th>
<th>Describe level of supervisory support for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
<td>yes</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

Describe the FW environment/ atmosphere for student learning:

Describe public transportation available:

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.10.13, 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.7.10, 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.7.10, 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.7.10, 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

Title of Parent Corporation (if different from facility name):

Type of Business Organization (Corporation, partnership, sole proprietor, etc.):
### State of Incorporation:

### Fieldwork Site agreement negotiator:  
Phone:  
Email:  

### Address (if different from facility):

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</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 10/27/2014