

**AOTA FIELDWORK DATA FORM  
MISERICORDIA UNIVERSITY  
OCCUPATIONAL THERAPY PROGRAM**

**Our educational program is required to update the information included on this form annually for each of our fieldwork sites. For some of you this is a new version of the Fieldwork Data Form which I hope you will find more user friendly and convenient to fill out and return. Let me know if you need any help or have any questions. Thanks, Sue**

**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 (2008) 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:

<b>FW Level II</b>		<b>FW Level I (if different)</b>	
<b>Contact Person:</b>	<b>Credentials:</b>	<b>Contact Person:</b>	<b>Credentials:</b>
<b>Phone:</b>	<b>E-mail:</b>	<b>Phone:</b>	<b>E-mail:</b>

<b>Director:</b> <b>Phone:</b> <b>Fax:</b> <b>Web site address:</b>	<b>Corporate Status:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> State Gov't <input type="checkbox"/> Federal Gov't	<b>Preferred Sequence of FW:</b> <i>ACOTE Standards B.10.6</i> <input type="checkbox"/> Any <input type="checkbox"/> Second/Third only; 1 <sup>st</sup> must be in: <input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time option <input type="checkbox"/> Prefer Full-time
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**OT Fieldwork Practice Settings (ACOTE Form A #s noted) : (Double Click on boxes to check)**

Hospital-based settings	Community-based settings	School-based settings	Age Groups:	Number of Staff:
<input checked="" type="checkbox"/> In-Patient Acute 1.1 <input type="checkbox"/> In-Patient Rehab 1.2 <input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3 <input type="checkbox"/> General Rehab Outpatient 1.4 <input type="checkbox"/> Outpatient Hands 1.5 <input type="checkbox"/> Pediatric Hospital/Unit 1.6 <input type="checkbox"/> Peds Hospital Outpatient 1.7 <input type="checkbox"/> In-Patient Psych 1.8	<input type="checkbox"/> Peds Community 2.1 <input type="checkbox"/> Behavioral Health Community 2.2 <input type="checkbox"/> Older Adult Community Living 2.3 <input type="checkbox"/> Older Adult Day Program 2.4 <input type="checkbox"/> Outpatient/hand private practice 2.5 <input type="checkbox"/> Adult Day Program for DD 2.6 <input type="checkbox"/> Home Health 2.7 <input type="checkbox"/> Peds Outpatient Clinic 2.8	<input type="checkbox"/> Early Intervention 3.1 <input type="checkbox"/> School 3.2 <b>Other area(s)</b> please specify:	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-21 <input type="checkbox"/> 22-64 <input type="checkbox"/> 65+	OTRs: 3 COTAs: 2 Aides: PT: Speech: Resource Teacher: Counselor/Psychologist: Other:

**Student Requirements/Prerequisites** (check all that apply)  
**(Double Click on boxes to check) ACOTE B.10.6**

<input checked="" type="checkbox"/> CPR type required: <input type="checkbox"/> Medicare / Medicaid Fraud Check <input type="checkbox"/> Criminal Background	<input type="checkbox"/> First Aid <input type="checkbox"/> Infection Control training <input type="checkbox"/> HIPAA Training <input type="checkbox"/> Prof. Liability Ins.	<input type="checkbox"/> HepB <input type="checkbox"/> MMR <input type="checkbox"/> Tetanus <input type="checkbox"/> Chest x-ray <input type="checkbox"/> Drug screening # _____ Panel	<input type="checkbox"/> Physical Check up <input type="checkbox"/> Varicella <input type="checkbox"/> Influenza <input checked="" type="checkbox"/> Pertussis
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Check <input type="checkbox"/> Child Protection/abuse check <input type="checkbox"/> Adult abuse check <input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Own transportation <input type="checkbox"/> Interview	<input type="checkbox"/> TB/Mantoux	Please list any other requirements:
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**Aspects of Occupational Therapy's Domain addressed in this setting (check all that apply) Double Click on boxes to check**  
 \*Refer to the OT Practice Framework –II (2008) for descriptions and definitions...available through AOTA

<p><b><u>Areas of Occupation</u></b></p> <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Instrumental ADL <input type="checkbox"/> Rest and Sleep <input type="checkbox"/> Education <input type="checkbox"/> Work <input type="checkbox"/> Play <input type="checkbox"/> Leisure <input type="checkbox"/> Social Participation	<p><b><u>Performance Skills</u></b></p> <input type="checkbox"/> Sensory-Perceptual Skills <input type="checkbox"/> Motor and Praxis Skills <input type="checkbox"/> Emotional Regulation Skills <input type="checkbox"/> Cognitive Skills <input type="checkbox"/> Communication and Social Skills	<p><b><u>Context and Environment</u></b></p> <input type="checkbox"/> Cultural <input type="checkbox"/> Personal. <input type="checkbox"/> Physical <input type="checkbox"/> Social <input type="checkbox"/> Temporal. <input type="checkbox"/> Virtual
<p><b><u>Client Factors</u></b></p> <input type="checkbox"/> Values, Beliefs and Spirituality <input type="checkbox"/> Body Functions <input type="checkbox"/> Body Structures	<p><b><u>Performance Patterns</u></b></p> <input type="checkbox"/> Habits <input type="checkbox"/> Routines <input type="checkbox"/> Roles <input type="checkbox"/> Rituals	<p><b><u>Activity Demands</u></b></p> <input type="checkbox"/> Objects used and their properties <input type="checkbox"/> Space Demands <input type="checkbox"/> Social Demands <input type="checkbox"/> Sequencing and Timing <input type="checkbox"/> Required Actions <input type="checkbox"/> Required Body Functions <input type="checkbox"/> Required Body Structures

**Most common services priorities (check all that apply)**  
**(Double Click on boxes to check)**

<input type="checkbox"/> Direct service <input type="checkbox"/> Discharge planning <input type="checkbox"/> Evaluation	<input type="checkbox"/> Meetings(team, department, family) <input type="checkbox"/> Client education <input type="checkbox"/> Intervention	<input type="checkbox"/> Consultation <input type="checkbox"/> In-service training	<input type="checkbox"/> Billing <input type="checkbox"/> Documentation
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**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

**Areas of Occupation addressed in this setting - within client's own environmental context (check all that apply):**  
**(Double Click on boxes to check)**

<p><b><u>Activities of Daily Living (ADL)</u></b></p> <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Bowel and bladder mgmt <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Feeding	<p><b><u>Instrumental Activities of Daily Living (IADL)</u></b></p> <input type="checkbox"/> Care of others (selecting/supervising caregivers) <input type="checkbox"/> Care of pets <input type="checkbox"/> Child rearing <input type="checkbox"/> Communication management	<p><b><u>Education</u></b></p> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Informal personal educational needs or interests exploration <input type="checkbox"/> Informal personal education participation
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- Functional mobility
- Personal device care
- Personal hygiene & grooming
- Sexual activity
- Toilet hygiene

**Rest and Sleep**

- Rest
- Sleep
- Sleep preparation
- Sleep participation

**Play**

- Play exploration
- Play participation

**Types of Occupational Therapy Interventions:  
(Double Click on boxes to check)**

**Occupation-based Intervention** – client engages in client-directed occupations that match identified goals

**Purposeful Activity-** client engages in specifically selected activities that allow the client to develop skills that enhance occupational engagement

- Community mobility
- Financial management
- Health management & maintenance
- Home establishment & management
- Meal preparation & clean up
- Religious observance
- Safety procedures & emergency maintenance
- Shopping

**Leisure**

- Leisure exploration
- Leisure participation

**Preparatory Methods** – practitioner selects directed methods and techniques that prepare the client for occupational performance. (PAM's).

**Consultation Process** – using knowledge and expertise to collaborate with the client

**Work**

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

**Social Participation**

- Community
- Family
- x Peer/friend

x **Education Process** – imparting knowledge and information about occupation, health and participation that does not result in actual performance of the occupation/activity

**Advocacy** – efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations

**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

**OT Intervention**

**Approaches**

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

**Outcomes of Intervention**

- Occupational performance
- Adaptation
- Health & Wellness
- Participation
- Prevention
- Quality of Life
- Role Competence
- Self-Advocacy
- Occupational Justice

**Theory/ Frames of Reference/ Models of Practice**

- Biomechanical
- Cognitive - Behavioral
- Cognitive Disability
- Model of Human Occupation (MOHO)
- Occupational Adaptation
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance (PEOP)
- Rehabilitation
- Sensory Integration
- Social Learning Theory
- Stages of change / Transtheoretical Model
- 
- 
- 
- Other (please list):

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

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> COPM       | <input type="checkbox"/> ACL                 |  |
| <input type="checkbox"/> FIM        | <input type="checkbox"/> MMSE                |  |
| <input type="checkbox"/> 9 Hole Peg | <input type="checkbox"/> Bayley Scale        | <input type="checkbox"/> Other, and list |
| <input type="checkbox"/> FIM        | <input type="checkbox"/> Bruininks-Oseretsky |  |
| <input type="checkbox"/> Jebsen     |  |  |
| <input type="checkbox"/> ROM        |  |  |
| <input type="checkbox"/> MMT        |  |  |

**Identify safety precautions important at your FW site**

**(Double Click on boxes to check)**

- |  |   |
|--|---|
| <input type="checkbox"/> Medications                     | <input type="checkbox"/> Swallowing/ choking risks                                  |
| <input type="checkbox"/> Post-surgical (list procedures) | <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) |
| <input type="checkbox"/> Contact guard for ambulation    | <input type="checkbox"/> Sharps count   |
| <input type="checkbox"/> Fall risk                       | <input type="checkbox"/> 1:1 safety/ suicide precautions                            |
| <input type="checkbox"/> Other (describe):               |   |

**Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:**

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<p><b>Target caseload/ productivity for fieldwork students:</b>  <b>(Double Click on boxes to check)</b>          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:</p>	<p><b>Documentation: Frequency/ Format</b> (briefly describe) :  <b>(Double Click on boxes to check)</b>  <input type="checkbox"/> Hand-written documentation:  <input type="checkbox"/> Computerized Medical Records:           Time frame requirements to complete documentation:</p>
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<p><b>Administrative/ Management duties or responsibilities of the OTA student:</b>  <input type="checkbox"/> Schedule own clients  <input type="checkbox"/> Supervision of others (aides, volunteers)  <input type="checkbox"/> Budgeting  <input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/ intervention related items)  <input type="checkbox"/> Participating in supply or environmental maintenance  <input type="checkbox"/> Other:</p>	<p><b>Student Assignments. Students will be expected to successfully complete:</b>  <input type="checkbox"/> Research/ EBP/ Literature review  <input type="checkbox"/> In-service  <input type="checkbox"/> Case study  <input type="checkbox"/> Participate in in-services/ grand rounds  <input type="checkbox"/> Fieldwork Project ( describe):  <input type="checkbox"/> Field visits/ rotations to other areas of service  <input type="checkbox"/> Observation of other units/ disciplines  <input type="checkbox"/> Other assignments (please list):</p>
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<p><b>Student work schedule &amp; outside study expected:</b>  <b>(Double Click on boxes to check)</b>          Schedule hrs/ week/ day:            Do students work weekends?  <input type="checkbox"/> YES   <input type="checkbox"/> NO          Do students work evenings?  <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	<p>Room provided <input type="checkbox"/> YES   <input type="checkbox"/> NO          Meals <input type="checkbox"/> YES <input type="checkbox"/> NO          Stipend amount:           Describe public transportation available:</p>	<p><b>Describe level of structure for student?</b>  <input type="checkbox"/> High   <input type="checkbox"/> Moderate   <input type="checkbox"/> Low</p>	<p><b>Describe level of supervisory support for student?</b>  <input type="checkbox"/> High   <input type="checkbox"/> Moderate   <input type="checkbox"/> Low</p>
<p><b>Acceptable Dress Code for the site:</b></p>			

<p><b>Describe the FW environment/ atmosphere for student learning:</b></p>
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**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:

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

Please answer as many of these as you can. When possible, the AFWC may interview you to answer questions.

1. **Please complete the Occupational Therapy Staff Profile form.** *ACOTE Standards B.7.10, B10.12, B.10.17 (Double Click on boxes to check)*

## Occupational Therapy Staff Profile

√ by those who currently supervise OT fieldwork students

Name	Credential	Degree & University	Years in OT	Specialty

Will the student(s) be supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator?  Yes  No

**2. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this fieldwork setting and year of accreditation: (Double Click on boxes to check)**

- JCAHO       Dept of Health      Year of most recent review: \_\_\_\_\_  
 CARF       Dept of Mental Health       Other (specify) \_\_\_\_\_

**Summary of Outcomes of OT department review:**

**3. 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**

**4.A. INTEGRATION OF CURRICULUM THEMES (ACADEMIC PREPARATION)**

Please identify the <i>extent of opportunities</i> that students will have to incorporate the following themes in occupational therapy practice during the fieldwork experience	1 = No opportunity 2 = Limited opportunities 3 = Some opportunities 4 = Many opportunities (with most clients) 5 = Consistent opportunities (for all clients)				
	1	2	3	4	5
<b>A. OCCUPATION-BASED PRACTICE</b>					
<b>B. EVIDENCE-BASED PRACTICE</b>					
<b>C. CLIENT-CENTERED PRACTICE</b>					
<b>D. COMMUNITY INITIATIVE</b>					
<b>E. CLINICAL REASONING</b>					

**Please check all that apply (below) to identify “supports” to practicing curricular themes above:**

**(Double Click on boxes to check)**

**Supports for occupation-based practice:**

- The client is provided intervention in a natural environment [school-based, community outings (grocery shopping, using public transportation, entertainment, etc.), home care, home evaluation/visit, car transfers, etc.]
- The client is involved in active collaboration with practitioners to identify similarities and differences between the hospital/healthcare facility’s simulated environment and that of their residence/home
- The client and/or practitioner bring-in/provide authentic occupation-based activities as part of the intervention plan (cooking, playing games, musical instruments, arts & crafts, sports/fitness, etc.)
- Other: (please describe)

**Supports for evidence-based practice (EBP):**

- Evidence-based practice is valued by the fieldwork facility and practitioners
- Clients/consumers inquire about research-proven options for interventions/OT services



- Time is allotted (each week) for staff development to address activities such as EBP
- In-services are offered on a regular basis to promote staff development and continued learning
- Internet access and access to online professional journals is available for searching and using EBP
- Other: (please describe)

**Supports for client-centered practice:**

- Clients are routinely interviewed and goals documented
- Clients/family members/caregivers formally agree to the intervention plan
- Clients are provided with choices to direct the priorities of the intervention plan
- Other: (please describe)

**Supports for leadership and advocacy:**

- Leadership and advocacy is valued by the fieldwork facility and practitioners who serve as role models
- The facility's environment promotes leadership and advocacy
- Time is allotted for activities that promote leadership and advocacy
- Other: (please describe)

**Supports for Clinical Reasoning & Reflective Practice**

- Students are provided opportunity to assess knowledge & practice skills in simulated contexts (e.g. role plays, problem based case scenarios)
- Students are given verbal prompts to probe reasoning in safe learning context (e.g., before, during, after sessions, in supervisory meetings)
- Students are given written assignments to challenge assumptions, build use of narrative, enhance reflection (e.g., interactive journal, case study)
- Students are given feedback re: growth in areas of clinical/professional reasoning (e.g., scientific/procedural, interactive, pragmatic, ethical, etc.)

**4. B. Describe how psychosocial factors influence engagement in OT services? (Double Click on boxes to check)**

- Discouraged or depressed may not want to participate.
- Encouragement/attention from therapist prompts greater participation
- Depressed may try to withdraw from activities/staff/treatment
- Positive feelings contribute to greater compliance.
- Other (please explain)
- Psychosocial factors are considered during assessment
- Psychosocial factors are considered during intervention planning: discouragement, depression, view of illness, etc..
- Psychosocial factors are considered during discharge planning

**4. C. Describe how you address client's community based needs in your setting? (Double Click on boxes to check)**

- Refer to social worker/case manager when appropriate
- Provide resources/catalogs/written information for needed equipment, supplies as appropriate
- Provide names/written materials for community support groups as appropriate
- Refer to appropriate facility community groups when needed
- Instruct client in finding appropriate resources
- Provide referral to other community services as needed

Other (please describe)

**5. Please describe the FW Program & how students fit into the program. (Double Click on boxes to check) ACOTE Standards B10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21**

- Fieldwork Program has been in place many years with multiple schools and therapy levels (OT and OTA)
- Fieldwork Program is relatively new and still evolving – currently takes students from OT or OTA schools. (Circle all that apply)
- Fieldwork Program just took first fieldwork student from OT or OTA school. (Circle all that apply)
- Students provide learning opportunity to staff therapists to implement supervisory relationships and skills.
- Students provide a link to various educational institutions to keep up with changes/developments in the field.
- Providing fieldwork experiences is an obligation and responsibility for current practitioners.
- Providing fieldwork experiences assists OT/OTA practitioners with continuing education credits.
- Fieldwork students can provide updates in the literature for evidence based practice that is helpful to the facility/practitioners.
- Fieldwork students can provide more one-on-one time with clients due to lower caseloads and the learning environment.
- Fieldwork students are generally helpful to the overall operation of the facility once oriented and adjusted to population.
- Supervision of students is expected of practitioners.
- Supervision of students is rotated among practitioners on a regular basis.
- Students are not accepted unless a practitioner indicates interest/willingness to take a student.
- Other (Please Explain)

**6. Describe the training provided for OT staff for effective supervision of students (check all that apply). (Double Click on boxes to check) 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 Discussions and how to teach clinical reasoning to students
- Reflective practice

Comments:

**7. Please check off any training or resources that fieldwork educators at your site have available to support their role in supervision of students (e.g., print resources, continuing ed. coursework, online materials, workshops, etc.) (Double Click on boxes to check)**

- Site Specific Student objectives (please attach)
- Training in supervision process (agency in-services)
- AOTA Certificate in Fieldwork Education Program (Group Format)
- Training or in-service provided by GOTEC, Regional, State or individual Academic Programs
- Use of online resources such as: AOTA (<http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor.aspx>) GOTEC, Regional, State Associations, or individual Academic Programs
- Other: \_\_\_\_\_
- Facility's Student manual
- Release time and/or reimbursement for continuing education
- Mentoring opportunities (e.g., in 1:1 or

**Supervision Process (Double Click on boxes to check)**

What is the **nature** and frequency of supervision meetings:  Formal  Informal **Frequency:**  daily  
 weekly  other What is the model of supervision utilized at your site:  
 1:1 Supervision Model  Several Students: 1Therapist (Collaborative model)  Several Therapists: 1 student

**Supervisory Methods to promote reflective practice:**

Journaling  Processing verbally  Student Self  
 Assessment/Self Appraisal (log/form)  
 Written activity analysis  Probing questions  Written submission of intervention plans & rationale  
 Other: Interdisciplinary group supervision meetings

**Describe record keeping of supervision sessions:**

Co-signed documentation of daily/weekly supervision maintained by FW Educator  All informal/formal notes  
 Records kept when student not meeting expectations  
 Other:

**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. (Double Click on boxes to check) 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**

- Meet with student to review policies, procedures & forms during first week assigned to facility.
- Introduce student to staff and give tour of facility.
- Provide Student Fieldwork Manual of assignments, policies, procedures etc. for the facility.
- Send student to employee orientation, all or parts depending on relevance or as required by facility.
- Review Fieldwork Educator's case load to help student understand populations and interventions being implemented.
- Meet with student at designated time every week to review clients, therapeutic interventions and other questions or concerns.
- Meet with student at various non-scheduled times to review clients, therapeutic interventions and other questions/concerns.
- Wait for student to initiate request to meet with fieldwork educator.
- Supervisory sessions have topic planned for each meeting with student.
- Supervisory sessions do not have topic planned but depend on student's questions/concerns.
- Supervisory sessions address concerns about student performance with possible methods to change/enhance performance.
- Sessions with student are documented by fieldwork educator.
- Sessions with student are documented by student.
- Sessions with students are not documented.
- Sessions with student are documented if problems with performance arise.
- Other. Please Explain

**9.. Describe funding and reimbursement sources and their impact on student supervision. (Double Click on boxes to check) ACOTE Standards B.10.3, B.10.5, B.10.7, B,10.14, B.10.17, B.10.19**

- Facility receives funding through Medicare.
- Facility receives funding through Medicaid.
- Facility receives funding through private insurance/private pay.
- Facility provides charity care.
- Facility receives funding through other sources – grants, tax allocations, etc.

**Impact on Student Supervision:**

- Funding source does not affect OT student supervision.
- Funding source restricts some activities for OT students. (Circle which group of students affected)
- Funding source prohibits activities provided by OT students. (Circle which group of students affected)
- Funding source requires fieldwork educator to be on premises to provide supervision of OT students.
- Funding source requires fieldwork educator to have line-of-sight supervision of OT students.
- Other (Please Explain)

**10. If you have site specific FW objectives, please include a copy. Also, if you have available, please include a copy of the weekly expectations for the Level II FW placement. Please attach to this form or mail to the Academic Fieldwork Coordinator.**