

**PENNSYLVANIA COLLEGE OF TECHNOLOGY
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

Fieldwork Level I: Student Evaluation

Student: _____

Semester: 2nd 3rd 4th

Facility: _____

Supervisor: _____

Number of absences: _____

Reason: _____

Days made up: _____

Instructions for Supervisor: Please indicate the student's performance on each item using the rating scale below by placing a check mark in the appropriate column. The rating scale does not equate to letter grades and should not be used as such. This evaluation provides important feedback for the student and the instructor. Please review the evaluation with the student, sign, and return to the OTA Clinical Director.

Rating Scale: 0 = **Not observed**

1 = **Unsatisfactory** – Performance is unacceptable. Does not respond to feedback. Preparation is incomplete or interventions are inaccurate or ineffective.

2 = **Needs Improvement** – Performance is progressing but still needs improvement.

3 = **Satisfactory** – Performance meets expectations. Responds positively to feedback. Completes assignments/interventions on time reflecting sound, basic knowledge.

4 = **Outstanding** – This rating is used infrequently and is reserved for performance that far exceeds FW I expectations. Seeks feedback and routinely integrates into behavior. Assignments/interventions are consistently creative and well planned. Looks for additional challenges to supplement learning.

A. INTERPERSONAL & COMMUNICATION SKILLS		0	1	2	3	4
1.	Interacts comfortably with patients and staff of varied ages and backgrounds					
2.	Uses appropriate communication skills to obtain necessary information					
3.	Responds appropriately to maladaptive behavior					
4.	Demonstrates educational curiosity through enthusiasm, relevant questioning, pursuing additional learning opportunities, and engagement in problem solving					
5.	Responds positively to feedback					
6.	Describes patient/client behavior objectively and with appropriate detail, using professional terminology					
	a. Written					
	b. Verbal					
Comments:						

B. APPLICATION OF THEORETICAL KNOWLEDGE		0	1	2	3	4
1.	Demonstrates understanding of:					
	a. patient's/client's clinical condition					
	b. impact of condition on occupational performance in a sociocultural context					
2.	Is developing skill in identifying and administering selected assessments appropriate to the setting and to the role of a COTA					
3.	Is developing skill in selecting occupations/purposeful activities to achieve the goals of the patient's/client's treatment plan					
4.	Is developing skill in adapting/grading purposeful activity to achieve the goals of the patient's/client's treatment plan					
5.	Is developing group leadership skills					
Comments:						

C. PERSONAL AND PROFESSIONAL BEHAVIORS		0	1	2	3	4
1.	Demonstrates time management skills (i.e., arrives as scheduled, completes assignments on time, aware of facility schedule, etc.)					
2.	Recognizes and follows formal and informal procedures of department					
3.	Maintains patient confidentiality					
4.	Articulates and practices safety and emergency procedures (i.e., standard precautions)					
5.	Demonstrates care and maintenance of equipment and supplies					
Comments:						

Please list student's areas of strength:

Please list suggested areas for continued learning:

Supervisor's Signature
Date

_____ Date

Student's Signature