



# UNIVERSITY OF MANITOBA

## Occupational Therapy Department

### MOT STUDENT FIELDWORK PERFORMANCE EVALUATION FORM

Student: \_\_\_\_\_

Level of Placement (select one): Basic Fieldwork  Intermediate Fieldwork I   
Intermediate Fieldwork II  Advanced Fieldwork

Dates of Placement: \_\_\_\_\_

Fieldwork Site: \_\_\_\_\_

Program Name: \_\_\_\_\_

Placement Codes: \_\_\_\_\_  
I II III IV

Fieldwork Educator(s): \_\_\_\_\_

Fieldwork Educator Registration Number(s) from Licensing Body (i.e. COTM, SSOT, OCOT etc.):  
\_\_\_\_\_

Absences: \_\_\_\_\_

Was the student's introductory letter & resume received at least 4 weeks prior to placement? YES  NO   
(See Fieldwork Policies Item # 2)

Did the student provide their completed self-evaluation form for your review?

Midterm: YES  NO  Final: YES  NO

**Immediately following** completion of the placement, please return this form **with** MOT student fieldwork self-evaluation form and learning log and the student fieldwork experience evaluation forms to:

Academic Fieldwork Coordinator  
Department of Occupational Therapy  
School of Medical Rehabilitation  
R106 – 771 McDermot Avenue  
Winnipeg, MB R3E 0T6

Revised: July 2006  
September 2005  
August 2004  
August 2003  
July 1998

### **Quick Guide to the Evaluation Process**

On this page you will find a "quick guide" to the evaluation process. If you are not familiar with the U of M form and evaluation process, please read the *Comprehensive Guide to the Evaluation Process* in Part 3 of the "**Fieldwork Evaluation Guide**".

#### A. Prior to the Fieldwork placement

<b>Fieldwork Educator needs to:</b>	<b>Student needs to:</b>
Review the U of M Fieldwork Site Handbook	Review placement description form
Review "description form" specific to the level of the placement (included in package from university)	Write an introductory letter and develop a minimum of two "draft" site specific learning objectives
Review comprehensive guide to U of M Evaluation Form	Update resume
Set up student orientation program	Ensure that letter & resume arrive at field site no less than 4 weeks prior to beginning of placement

#### B. First week of placement

<b>Fieldwork Educator needs to:</b>	<b>Student needs to:</b>
✓objectives that will be evaluated at mid-term	Discuss selected objectives with educator
Finalize any additional site-specific objectives/ work plan for student activities	Plan for the placement
Provide feedback	Incorporate feedback into performance
Incorporate feedback into plan for placement if possible	Provide feedback to fieldwork educator
Determine timeline for achievement of objectives	Discuss expectations and plan for the placement with the educator.

Continued on next page.....

## C. At or By the Midterm Evaluation

Fieldwork Educator needs to:	Student needs to:
Call the Academic Fieldwork Coordinator if there are any concerns about student performance and/or if the student receives any "2's"	Call the Academic Fieldwork Coordinator if there are any scores of '2' on the evaluation
Complete evaluation	Complete self-evaluation and discuss with fieldwork educator
Discuss evaluation with student	Complete student evaluation of fieldwork placement (yellow)and discuss with fieldwork educator
Provide feedback to student	Incorporate feedback into performance
Incorporate feedback into plan for placement if possible	Provide feedback to fieldwork educator
✓objectives that will be evaluated at final	Discuss selected objectives with educator
Devise timeline for achievement of objectives	Discuss expectations and plan for the placement with the educator.
Call the Academic Fieldwork Coordinator if there are any concerns about student performance	Call the Academic Fieldwork Coordinator if there are any scores of '2' on the evaluation

## D. During the Final week

Fieldwork Educator needs to:	Student needs to:
Complete evaluation scoring	Complete self-evaluation and discuss with fieldwork educator, leave form with educator
Discuss evaluation with student	Complete student evaluation of fieldwork placement and discuss with fieldwork educator, Leave form with educator.
Provide feedback to student	Incorporate feedback into future performance
Incorporate feedback into planning for future students if possible	Provide feedback to fieldwork educator

## E. Post-Placement

Fieldwork Educator needs to:	Student needs to:
Send evaluation form, student self-evaluation and student evaluation of fieldwork placement form to university	Reflect-on placement and consider future professional development
Provide feedback to the university	Provide feedback to the university

If you have any questions, *please do not hesitate to contact the Academic Fieldwork Coordinator* at (204) 789-3992 or [campbe02@cc.umanitoba.ca](mailto:campbe02@cc.umanitoba.ca).

## **Reader's Guide to the Evaluation Form**

Please refer to the accompanying "Fieldwork Evaluation Guide" for additional information.

The U of M Evaluation Form is divided into the following sections:

### Face Sheet:

The face sheet contains information about the student, and the specific placement. It can be considered comparable to the 'front page' of an exam. It is very important that this page is completed thoroughly and that the coding information about the placement is accurate and reflects the actual fieldwork experience of the student.

### Quick Guide to the Evaluation Process:

This page provides a brief one-page overview of the Evaluation Form and can be used for quick reference.

### Section 1: Professionalism

- Part A: Interpersonal Skills
- Part B: Communication
- Part C: Professional Attitudes and Behaviours

### Section 2: Occupational Therapy Practice Process

- Part A: Name, Validate and Prioritize Occupational Performance Issues
- Part B: Select Theoretical Approaches, Identify Performance Components and Environmental Conditions
- Part C: Identify Strengths and Resources, Negotiate Targeted Outcomes and Develop Action Plans
- Part D: Implement Plans and Evaluate Occupational Performance Outcomes

Each part has the following sub-sections:

- Rating scale -provides criteria for evaluating student performance
- Learning Objectives: Generalized objectives applicable to a variety of field sites
- Comments: Space for written qualitative feedback and elaboration of the reasons/rationale for the scores provided.

### Midterm & Final Comments and Signatures:

On these pages fieldwork educators are requested to summarize their feedback at the midterm and final points of the placement and provide recommendations for future development of the student. Because the fieldwork evaluation form is considered to be a course evaluation, it is also essential that the final copies of the midterm and final evaluations are completed in ink and signed and dated by the student and fieldwork educators.

### Coding Sheet:

The U of M seeks to assign 'codes' to describe each student fieldwork experience as a means of tracking field experiences/profiles for individual students and to allow analysis of the entire fieldwork program. On this page you are asked to circle, highlight or ✓ beside the applicable codes. More than one code can be used to describe a placement. Codes selected should reflect the actual experience obtained by the student during this specific placement.

### Feedback Sheet

On this page you are welcome to provide feedback on any topic to the Occupational Therapy Department.

### Work Plan for the Placement

Purpose: To give an overview of how the placement will progress re: focus of each week and level of supervision. Students should be encouraged to be self-directed and to develop an overall work plan for the placement. Students will require advice and suggestions as to how to achieve their learning objectives in your setting in a timely manner. For some students this may mean breaking down learning objectives into a 'daily or weekly' work plan, while others may prefer a different strategy/approach. You may already have developed weekly (or perhaps final) objectives for your planned student program. If so, please share this with the student and attach a copy to this form.

WEEK 1:

WEEK 2:

WEEK 3:

WEEK 4:

WEEK 5:

WEEK 6:

WEEK 7:

WEEK 8

## Section 1: Professionalism

### Part A. Interpersonal Skills

- 1-unsatisfactory, does not meet expectations  
 2-performance needs improvement to meet expectations (i.e. concerns exist)  
 3-performance meets expectations  
 4-performance exceeds expectations  
 5-performance is exceptional  
 OB-observation only

Place a  next to objectives  
that will be rated

**Rating**  
Please select your rating

M	F	Learning Objectives In the situations observed the student has consistently	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1. Demonstrated ability to convey empathy and respect for client(s).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Identified how the therapeutic relationship or approach taken is affected by the client's needs (physical, mental, sociocultural and spiritual).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Demonstrated ability to relate to clients on an individual basis.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Demonstrated ability to relate to clients in a group situation.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Demonstrated ability to gain active participation of a group of clients or other personnel.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Utilized interactions with clients to further therapeutic goals (e.g. use of humour, confrontation etc.)	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	7. Demonstrated ability to relate to clients when carrying out two or more client interventions at one time (or parallel group situation).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	8. Demonstrated ability to work with client's family and/or significant others.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	9. Demonstrated ability to establish effective working relationships (e.g. with fieldwork educator{s}, other staff & resource personnel).	Select One	Select One

**Midterm Comments:**

**Final Comments:**



## Section 1: Professionalism

### Part B. Communication

- 1-unsatisfactory, does not meet expectations  
 2-performance needs improvement to meet expectations (i.e. concerns exist)  
 3-performance meets expectations  
 4-performance exceeds expectations  
 5-performance is exceptional  
 OB-observation only

Place a  $\checkmark$  next to objectives  
that will be rated

**Rating**  
Please select your rating

M	F	Learning Objectives In the situations observed the student has consistently:	Midterm	Final
		1. Demonstrated attending behaviours (i.e. use of eye contact, relaxed, attentive behaviour, appropriate verbal responses).	Select One	Select One
		2. Demonstrated use of open-ended questions.	Select One	Select One
		3. Demonstrated ability to paraphrase/reflect content during interactions.	Select One	Select One
		4. Demonstrated ability to reflect feelings during interactions.	Select One	Select One
		5. Demonstrated ability to clarify ambiguous or conflicting material during interactions.	Select One	Select One
		6. Demonstrated ability to summarize the content and feelings of an interaction.	Select One	Select One
		7. Demonstrated use of accurate terminology orally.	Select One	Select One
		8. Prepared and maintained written documentation.	Select One	Select One
		9. Demonstrated use of accurate terminology in written documentation.	Select One	Select One
		10. Complied with policy and procedures re: record management.	Select One	Select One
		11. Initiated communication with fieldwork educator(s), other staff and clients as indicated by the situation.	Select One	Select One
		12. Communicated appropriately in meetings (e.g. team meetings, ward rounds, family meetings, etc.).	Select One	Select One

**Midterm Comments:** \_

**Final Comments:**

## Section 1: Professionalism

### Part C. Professional Attitudes & Behaviours

- 1-unsatisfactory, does not meet expectations  
 2-performance needs improvement to meet expectations (i.e. concerns exist)  
 3-performance meets expectations  
 4-performance exceeds expectations  
 5-performance is exceptional  
 OB-observation only

Place a  $\checkmark$  next to objectives  
that will be rated

**Rating**  
Please select your rating

M	F	Learning Objectives In the situations observed the student has consistently :	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1. Demonstrated ability to assume responsibility for working with clients and to carry out assigned duties.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Demonstrated interest and appropriate initiative (e.g. offers assistance, does not require prompting).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Assumed responsibility for own learning (e.g. reflects on practice, develops plans for improvement, demonstrates self-directed approach).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Accepted and attempted to act upon constructive criticism and suggestions.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Demonstrated time management skills. (e.g. prioritizes tasks, develops work plan, uses unstructured time to advantage),	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Respected confidentiality.	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. Demonstrated ethical practice (e.g. maintained professional relationships with clients, adhered to code of ethics).	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Maintained client and other's safety and reported untoward incidents involving self, clients, equipment.	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Adhered to workplace policies & procedures (e.g. followed administrative procedures, informed fieldwork educator of lateness or absence).	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

**Midterm Comments:** \_

**Final Comments:**\_

## Section 2: Occupational Therapy Practice Process

### Part A. Name, Validate and Prioritize Occupational Performance Issues

- 1-unsatisfactory, does not meet expectations
- 2-performance needs improvement to meet expectations (i.e. concerns exist)
- 3-performance meets expectations
- 4-performance exceeds expectations
- 5-performance is exceptional
- OB-observation only

Place a  next to objectives that will be rated

Rating  
Please select your rating

M	F	Learning Objectives In the situations observed the student has:	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1. In conjunction with team, determined capacity of client to consent to services and engage in therapeutic process.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Obtained informed consent for service from the client or client representative.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Demonstrated ability to identify information needed.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Demonstrated ability to obtain information from written sources.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Demonstrated ability to obtain information from observation.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Demonstrated ability to listen to the client's story and obtain information from interviews with clients.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	7. Demonstrated ability to identify barriers to occupational performance.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	8. Demonstrated ability to obtain information through discussion with others involved with the client.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	9. Demonstrated the ability to discuss the client in occupational terms.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	10. Collaborated with client/significant others to prioritize occupational performance issues.	Select One	Select One

**Midterm Comments:**

**Final Comments:**

## Section 2: Occupational Therapy Practice Process

### Part B. Select Theoretical Approaches, Identify Performance Components and Environmental Conditions

- 1-unsatisfactory, does not meet expectations  
 2-performance needs improvement to meet expectations (i.e. concerns exist)  
 3-performance meets expectations  
 4-performance exceeds expectations  
 5-performance is exceptional  
 OB-observation only

Place a  next to objectives that will be rated

Rating  
Please select your rating

M	F	Learning Objectives In the situations observed the student has:	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1 Selected appropriate theoretical approach/model of practice.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Instructed clients as to the purpose of assessments.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Assessed occupational performance in relevant areas (e.g. self-care, productivity, leisure within the context of roles, demands, expectations, goals, settings and spiritual values of the client).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Assessed cognitive, affective and physical components related to occupational performance issues identified.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Assessed elements of the environment and their impact on occupational performance (e.g. physical, cultural, social & institutional).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Demonstrated the ability to consider the client within social contexts (e.g. family, home, work and community).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	7. Determined interactions between the client, the occupations and the environment in ways that are appropriate to the setting.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	8. Integrated and analyzed assessment findings.	Select One	Select One

**Midterm Comments:** \_

**Final Comments:**



**Section 2: Occupational Therapy Practice Process**  
**Part C. Identify Strengths and Resources, Negotiate Targeted Outcomes & Develop Action Plans**

- 1-unsatisfactory, does not meet expectations  
 2-performance needs improvement to meet expectations (i.e. concerns exist)  
 3-performance meets expectations  
 4-performance exceeds expectations  
 5-performance is exceptional  
 OB-observation only

Place a  next to objectives that will be rated

Rating  
Please select your rating

M	F	Learning Objectives In the situations observed the student has:	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1 Identified areas of function/strength in collaboration with the client (e.g. resources of client, funding, finances, etc.).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Identified own limitations in knowledge and skills in relation to client needs.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Provided rationale for the selection of assessment(s).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Integrated assessment findings, strengths/resources and client goals into an occupational profile of the client.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Encouraged client participation in development of action plans.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Developed measurable and attainable short and long-term objectives/goals.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	7. Determined intervention methods appropriate to established objectives/goals.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	8. Provided rationale for the selection of interventions	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	9. Planned intervention priorities in conjunction with the client, the team, and the client's family/significant others.	Select One	Select One

**Midterm Comments:**

**Final Comments:**

## Section 2: Occupational Therapy Practice Process

### Part D. Implement Plans & Evaluate Occupational Performance Outcomes

- 1-unsatisfactory, does not meet expectations
- 2-performance needs improvement to meet expectations (i.e. concerns exist)
- 3-performance meets expectations
- 4-performance exceeds expectations
- 5-performance is exceptional
- OB-observation only

Place a  next to objectives that will be rated

Rating  
Please select your rating

M	F	Learning Objectives In the situations observed the student has:	Midterm	Final
<input type="checkbox"/>	<input type="checkbox"/>	1. Justified intervention plan(s) by using practice based on evidence and professional reasoning.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	2. Engaged the client in meaningful occupations.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	3. Utilized interventions appropriately with client(s).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	4. Provided rationale for the selection of outcome measure(s).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	5. Determined the effect of interventions through observation, discussion with clients and interpretation of results.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	6. Adapted/modified interventions according to needs, desires and cultural preferences of clients(s).	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	7. Adapted/modified interventions according to observed effects and interpretation of results.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	8. Reviewed objectives with client and identified outcomes of process.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	9. Demonstrated the ability to envision the client's likely course/progress in the future.	Select One	Select One
<input type="checkbox"/>	<input type="checkbox"/>	10. Identified the client's need for continued occupational therapy or other services.	Select One	Select One

**Midterm Comments:**

**Final Comments:**

-

**MIDTERM COMMENTS ON OVERALL PERFORMANCE**

Please summarize student areas of strength and areas for improvement, with specific suggestions for change.

Student Comments Re: Midterm Evaluation (*optional*):

\_\_\_\_\_  
Signature(s) of Fieldwork Educator(s)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**FINAL COMMENTS ON OVERALL PERFORMANCE**

Please identify student areas of strength and areas for improvement in future fieldwork placements.

Student Comments Re: Final Evaluation (*optional*) :

\_\_\_\_\_  
Signature of Fieldwork Educator(s)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**NOTE:** Student signature indicates only that this evaluation has been discussed with the student.

Please take a moment to complete the fieldwork 'codes' on the following page. Thanks!



## FINAL COMMENTS ON OVERALL PERFORMANCE

Please identify student areas of strength and areas for improvement in future fieldwork placements.

Student Comments Re: Final Evaluation (*optional*) :

\_\_\_\_\_  
Signature of Fieldwork Educator(s)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**NOTE:** Student signature indicates only that this evaluation has been discussed with the student.

Please take a moment to complete the fieldwork 'codes' on the following page. Thanks!

*For Office Use Only*

Final Rating \_\_\_\_\_

Entered in Database \_\_\_\_\_

Thank You Letter \_\_\_\_\_



## STUDENT FIELDWORK EDUCATION CODES

The U of M seeks to assign 'codes' to describe each student fieldwork experiences as a means of tracking field experiences/profiles for individual students and to allow analysis of the entire fieldwork program. Please circle or ✓ beside the codes that reflect the actual experience obtained by the student during this specific placement. More than one code can be used to describe a placement.

### I. THERAPIST ROLE(S)

Administrator/Manager	ADM	Educator (other than clients)	ED
Case Manager	CM	Equipment/Materials Sales Consultant	EQP
Clinician	CLN	Professional Involvement	PRO
Consultant	CON	Researcher	RES

### II. PRACTICE SETTING(S)

Children's Centre	CC	Chronic/Continuing Care Facility	CCF
Client's Home	CH	Client's Worksite	CWS
Community Agency/Clinic	CA	Correctional Institution	CI
Day Hospital	DH	General Hospital	GH
Senior's Residence	SR*	Government	GOV
Group Home	GH	Industry	IND
Insurance Company	INS	Mental Health Centre	MHC
Post Secondary Institution	PSI	Private Health Business	PHBUS
Regulatory Body/		Recreational Facility	RF
Professional Association	RB/PA	Rehab Centre/Unit	RC
School System	SS	Retail Business	BUS
		Workers Compensation Board	WCB

### III. AREA(S) OF HEALTH CARE PRACTICE

Health Promotion/ Disease Prevention	HP/DP
Acute Care	AC
Rehabilitation	REH
Long-Term Care	LTC
Palliative Care	PC

### IV. AGE(S) OF CLIENTS

Neonates	NN	Infants (0-2 years)	IN
Pre-School Ages (3-5 years)	PSA	School Ages (6-12 years)	SA
Adolescents (13-20 years)	AD	Young Adult (21-35 years)	YAd
Middle Age (36-65 years)	MA	Seniors (65-85 years)	Sen
Oldest (86+ years)	Old	All Ages	All



### **Feedback Page!**

Please use this space to provide feedback on this evaluation form and to convey any other comments you may wish to make to the Occupational Therapy Department. Your comments and feedback are appreciated.

Thank you!