

Brenau University Occupational Therapy Department
Fieldwork Educator Evaluation of Fieldwork

Name: _____ **Facility:** _____

Student: _____

Directions: Your comments and insights are very valuable to the faculty. Please rate the following statements, by placing an “X” in one of the boxes, according to your thoughts about the fieldwork experience using the following rating scale:

1: Strongly Disagree **2:** Disagree **3:** Agree **4:** Strongly Agree

Area	Rating				Comments
	1	2	3	4	
1. I understood the expectations for this student fieldwork experience prior to its initiation					
2. The information I received about the Student met my needs.					
3. The information I received about the academic program met my needs					
4. I received the information I needed in a timely manner					
5. I was able to easily complete the evaluation forms					
6. The contact with the Academic Fieldwork Coordinator met my needs					
7. The Student appeared well prepared for the expectations of this fieldwork experience.					
8. The coordination between the class assignments and the fieldwork experience worked well.					
9. The student assignments were reasonable					
10. The performance expectations for the students were reasonable					
11. Overall, this fieldwork experience went well					

(over, please)

What were the most **positive** aspects of this fieldwork experience?

What were the problem areas or limitations of this fieldwork experience?

What suggestions do you have for improving this type of fieldwork experience for you and/or for your our students?

**THANK YOU SO MUCH FOR YOUR INVOLVEMENT
IN THE BRENAU O.T. PROGRAM!**

**PLEASE RETURN THIS FEEDBACK FORM WITH THE STUDENT'S FINAL
FIELDWORK EVALUATION**