Brenau University Occupational Therapy Department
Fieldwork Weekly Conference Form

Student:_____Facility:_____ Fieldwork Educator_____

Date:_____Week #:_____

Directions: This form is to be completed by the student and is to be brought to the weekly meeting between the student and the Fieldwork Educator.

1. What I think that I did well with this week:

2. What I think that I did not do well with this week:

3. Questions and Concerns:

4. Supervision Needs:

5. Goals for next week: