

## **FIELDWORK DATA FORM**

**This form is completed by the fieldwork educator with a copy sent to each academic program with whom the educator has a fieldwork contract or letter of agreement. This form should be updated yearly.**

# Fieldwork Data Form

DATE: Month \_\_\_\_\_ Year \_\_\_\_\_

This form refers to \_\_\_\_\_ fieldwork experience.

Length of fieldwork: \_\_\_\_\_ OT \_\_\_\_\_ OTA

Will Accept: \_\_\_ Full-time Student \_\_\_ Part-time Student \_\_\_ 1st Placement \_\_\_ 2nd Placement \_\_\_ 3rd Placement

**Name of Center** \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Center Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Director: \_\_\_\_\_

Person Responsible for Fieldwork Program

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

# of Staff: \_\_\_\_\_ OT (s) \_\_\_\_\_ OTA(s) \_\_\_\_\_ Support Staff      Approximate # of agreements with schools \_\_\_\_\_

Accreditation by: \_\_\_\_\_ Date \_\_\_\_\_

## General Information

Setting	Description of Specialty
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- |   |  |
|---|--|
| <input type="checkbox"/> Hospital   | (e.g. Acute Inpt, Outpt, Rehab Unit) _____           |
| <input type="checkbox"/> School   | (e.g. Public School System) _____                    |
| <input type="checkbox"/> Community Agency                                       | (e.g. Psycho-Social Program, Homeless Shelter) _____ |
| <input type="checkbox"/> Private Practice (e.g. Pediatrics, Psych, Home Health) | _____  |
| <input type="checkbox"/> Residential Program                                    | (e.g. Developmental Delay, Mental Retardation) _____ |
| <input type="checkbox"/> Nursing Home   | (e.g. Rehab Unit, Long Term Care) _____              |
| <input type="checkbox"/> Other  | _____  |

**Ages served:** \_\_\_ 0-3 yrs \_\_\_ 3-5 yrs \_\_\_ 6-12 yrs \_\_\_ 13-21 yrs \_\_\_ Adult \_\_\_ Older Adult

### Primary Conditions for Which Occupational Therapy is Administered

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adjustment Disorder  | <input type="checkbox"/> CVA/Hemiplegia              | <input type="checkbox"/> Mental Retardation      |
| <input type="checkbox"/> Affective Disorder   | <input type="checkbox"/> Degenerative Neuro Disorder | <input type="checkbox"/> Neuromuscular Disorders |
| <input type="checkbox"/> Alzheimer's Disease  | <input type="checkbox"/> Developmental Disability    | <input type="checkbox"/> Neonatology (NICU)      |
| <input type="checkbox"/> Amputation           | <input type="checkbox"/> Dementia                    | <input type="checkbox"/> Oncology                |
| <input type="checkbox"/> Anxiety Disorder     | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Personality Disorder    |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Dysphagia/Feeding Disorders | <input type="checkbox"/> Respiratory Disease     |
| <input type="checkbox"/> Autism/PDD           | <input type="checkbox"/> Eating Disorders            | <input type="checkbox"/> Schizophrenic Disorder  |
| <input type="checkbox"/> Back Injury          | <input type="checkbox"/> Eating/Feeding Problems     | <input type="checkbox"/> Spinal Cord Injury      |
| <input type="checkbox"/> Burns                | <input type="checkbox"/> Fractures & Gen Orthopedics | <input type="checkbox"/> Substance Abuse         |
| <input type="checkbox"/> Cardiac Dysfunction  | <input type="checkbox"/> Hand/Wrist Disorders        | <input type="checkbox"/> Traumatic Brain Injury  |
| <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Hearing Impairment          | <input type="checkbox"/> Visual Impairment       |
| <input type="checkbox"/> Chronic Pain         | <input type="checkbox"/> HIV/AIDS                    | <input type="checkbox"/> Well Population         |
| <input type="checkbox"/> Congenital Anomalies | <input type="checkbox"/> Learning Disorder           | <input type="checkbox"/> Other _____             |

### Assessments and Interventions

**I. Assessments:**

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**II. Interventions:**

Role of OT in the Fieldwork Setting:  Direct  
 Indirect

Describe Intervention:

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Theoretical Model(s) Guiding Practice	Specific Dress Code
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>WOMEN:</p> <p>MEN:</p>

**Prerequisites**

- |  |  |
|--|--|
| <input type="checkbox"/> CPR   | <input type="checkbox"/> Physical Exam             |
| <input type="checkbox"/> Pediatric CPR                                       | <input type="checkbox"/> Criminal Background Check |
| <input type="checkbox"/> Universal Precautions (OSHA)                        | <input type="checkbox"/> Fingerprinting            |
| <input type="checkbox"/> Interview   | <input type="checkbox"/> Malpractice Insurance     |
| <input type="checkbox"/> Car Required  |  |
| <input type="checkbox"/> Immunizations/Tests ( <i>Specify Type</i> ) _____   |  |
| <input type="checkbox"/> Fieldwork Experience ( <i>Indicate Type</i> ) _____ |  |
| <input type="checkbox"/> Other: _____  |  |

### Student Information

<p><input type="checkbox"/> Room provided:              <input type="checkbox"/> on grounds              <input type="checkbox"/> off grounds</p> <p><input type="checkbox"/> Housing available:              Student pays \$_____/mo.</p> <p><input type="checkbox"/> Stipend:              Hr. \$____ Mo. \$____ Session \$____</p> <p><input type="checkbox"/> Access to Public Transportation</p>	<p>Meals:              <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner              <input type="checkbox"/> Free <input type="checkbox"/> At cost <input type="checkbox"/> Purchase</p> <p>Hours:              _____ Weekdays              _____ Evenings              _____ Weekends              _____ Variable</p> <p>Other _____</p>
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**Dates:** Use AOTA suggested dates \_\_\_\_\_ Use own dates \_\_\_\_\_

### Student Supervision

Check all that apply:

- 1:1 Model
- Multiple students : one supervisor
- Multiple supervisors : one student

Structure provided to students (objectives, week-to-week guidelines)	<table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Low</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">High</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table>	Low					High	1	2	3	4	5	5
Low					High								
1	2	3	4	5	5								

Nature of Supervision	<table border="0" style="margin: auto;"> <tr> <td style="text-align: center;">Low</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">High</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table>	Low					High	1	2	3	4	5	5
Low					High								
1	2	3	4	5	5								

Ending Student Expectation/Productivity	<p>_____ # of clients per week</p> <p>_____ % productivity expectation</p>
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# OCCUPATIONAL THERAPY STAFF PROFILE

*(Check / those who supervise OT fieldwork students)*

Name and (OT/OTA)	Title	Degree and College/University	Years in OT	OT Specialty

**COMMENTS:** (e.g., the general environment of your clinical site)

*AOTA Commission on Education (COE) and Fieldwork Issues Committee (FWIC)  
Amended and Approved by FWIC 11/99 and COE 12/99*

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