

Week One Fieldwork Activity Sheet

Student Name: _____

Clinical Site: _____

Total hours for week one: _____

Overall Performance Rating

- 4 – Exceeds Standards.** Performance is highly skilled and self-initiated. This rating is **rarely given** and **would represent the top 5% of all the students** you have supervised.
- 3 – Meets Standards.** Performance is consistent with **entry-level practice**. This rating is **infrequently given at midterm** and is a **strong rating at final**.
- 2 – Needs Improvement.** Performance is **progressing but still needs improvement** for entry-level practice. This is a **realistic rating of performance at midterm** and some ratings of 2 may be reasonable at the final.
- 1 – Unsatisfactory.** Performance is **below standards** and requires development for entry-level practice. This rating is given when **there is a concern about performance**.
- **Half points may be awarded if necessary****

_____ Treatment planning of caseload of 1-2 clients (average of two items listed below)

_____ ID treatment to meet goals/objectives

_____ Justification of treatment activity choice

_____ Treatment implementation of caseload of 1-2 clients (average of two items listed below)

_____ Performs treatment per standards/ protocol of practice

_____ ID effectiveness of treatment and rationale for future treatment modifications

_____ Communication with fieldwork educator and other team members

Frequency: Daily, weekly, formal, informal

_____ Documentation

Type of note completed: Progress, daily, discharge, evaluation, and re-evaluation

_____ Student initiation of learning experience

_____ Safety of self and client (gait belt, w/c, t/f tech, obs. of client & environment)

_____ Professional behavior (timely, organized, professional dress)

Student Signature: _____

Fieldwork Educator Signature: _____

Please fax at the end of the week to 618-942-6658 with Attention: Maegan King