Week Five Fieldwork Activity Sheet

Student Name: ____________________________________________________________

Clinical Site: ____________________________________________________________

Total hours for week five: ______________

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

______ Assist in re-evaluation

______ Assist in establishment of goals/ update of current goals

______ Treatment implementation/ justification of 4-6 clients with minimal supervision

______ Documentation for all assigned clients

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)

______ Interaction with other professionals and clients

______ Time management/ treatment time management/ flexibility

Student Signature: _______________________________________________________

Fieldwork Educator Signature: ____________________________________________

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