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Description automatically generated

**Mont Alto Occupational Therapy Assistant Program**

**STUDENT/SUPERVISOR WEEKLY REVIEW:**

Week #: \_\_\_\_ Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fieldwork Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_

List 2 things that went well this week:

1.

2.

List 2 areas for growth: What could I have done better? How can I continue improving my performance in this area? (be specific –describe how you make changes to improve your performance including techniques, strategies, etc.)

1.

2.

What do I need to make this happen? (i.e. resources/education or support I could access to help me build this skill)

How will I know I have improved? (what is my measure of success?)

Identify something new you learned and/or that surprised you

List 3 Goals for next week

1

2

3

Days Absent This Week \_\_\_\_\_ Days Left Early This Week­­­­\_\_\_\_\_ Days Tardy This Week\_\_\_\_\_

LEVEL OF SUPERVISION NEEDED (Educator response): \_\_\_\_\_\_More \_\_\_\_\_ Less \_\_\_\_\_\_Just Right

LEVEL OF SUPERVISION NEEDED (Student response): \_\_\_\_\_\_More \_\_\_\_\_ Less \_\_\_\_\_\_Just Right

Supervision is DECREASING from direct to indirect (Percent of direct): \_\_\_\_ 75% \_\_\_\_50% \_\_\_\_25 % \_\_\_ 10%

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not Observed | Disagree | Sometimes | Agree |
| Behaviors indicate interest in learning | 0 | 1 | 2 | 3 |
| Positive professional behavior- ( i.e. respect for time, dress, accepting feedback, interactions, comments, etc.) | 0 | 1 | 2 | 3 |
| Self-directed learning, initiative, autonomy | 0 | 1 | 2 | 3 |
| Equally Contributes to Group Planning and Processes, and Intervention Group Leadership | 0 | 1 | 2 | 3 |
| Asks for needs/feedback | 0 | 1 | 2 | 3 |
| Carryover, adjusts performance based on feedback | 0 | 1 | 2 | 3 |
| Demonstrates Safety, HIPAA | 0 | 1 | 2 | 3 |

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Fieldwork Educator Signature (Required) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (Required) Date

Adapted from Washington University School of Medicine OT Program, [www.aota.org](http://www.aota.org) and University of Central Arkansas https://uca.edu/web/forms/view.php?id=1355