



**Level II Fieldwork Student Supervision Agreement**

Dear Fieldwork Educator:

Thank you for agreeing to supervise our student, \_\_\_\_\_ during the student’s Level II fieldwork experience.

The following standards are required by The Accreditation Council for Occupational Therapy Education:

C.1.3 states that, *“academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork”*.

C.1.14 states that for a level II experience, *“the student is supervised by a currently licensed OT who has a minimum of 1 year full-time practice experience subsequent to initial certification”*.

C.1.16 states that *“initially, supervision should be direct and then decrease to less supervision, as appropriate for the setting”*.

This form demonstrates that the fieldwork educator, in collaboration with our program, complies with the above standards.

A certificate of verification of fieldwork supervision will be sent to the fieldwork educator when the OT Department receives the student’s final evaluation and all required paperwork. Please print or type the following information:

Name of Facility:

Name of Fieldwork Educator:

Signature of Fieldwork Educator:

Credentials/Title:

Yrs. of Experience:

Email:

License #:

Exp. Date:

Thank you for your support of fieldwork education.

Alma R. Abdel-Moty, Dr. OT, MS, OTR/L  
 Academic Fieldwork Coordinator  
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**STUDENT:** After your FWE completes the form, email it to [otfw@fiu.edu](mailto:otfw@fiu.edu) at least **ONE WEEK PRIOR** to the start of your fieldwork experience.