



**Student Evaluation of Clinical Experience  
 Level I Fieldwork**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Facility Name & Address: \_\_\_\_\_

Fieldwork Dates: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Assessments	Observed	Assisted	Diagnoses	Comments

**Clients' profile:** Check age group

Age	
0 – 5 years old	
6 – 12 years old	
13 – 21 years old	
22 – 64 years old	
65+ years old	

**List most commonly seen occupational performance issues in this clinical site:**

1.	
2.	
3.	
4.	
5.	
6.	

**List other experiences provided** (Ex: conferences, home visits, etc.):

\_\_\_\_\_

\_\_\_\_\_

**Student Preparation by FIU:**

- Skills Most Useful: \_\_\_\_\_
- Additional Skills Needed: \_\_\_\_\_
- What advice do you have for future students who wish to prepare for this placement? \_\_\_\_\_
- Would you recommend this fieldwork site to other students? Yes \_\_\_\_\_ No \_\_\_\_\_
- Overall, what changes, if any, would you recommend to this fieldwork experience? \_\_\_\_\_

**Summary:** Considering your overall experience, please rate this clinical as a learning experience:

- Excellent       Very Good       Good       Poor

Add any further comments, descriptions, or information concerning your fieldwork at this site:

\_\_\_\_\_

\_\_\_\_\_

Fieldwork Educator's Name

Fieldwork Educator's Signature

Date