Student Evaluation of Clinical Experience
Level I Fieldwork

Student Name: ___________________________________________ Signature: ___________________________________________

Facility Name & Address: ____________________________________

Fieldwork Dates: ___________________________________________ Today’s Date: ____________________________

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Observed</th>
<th>Assisted</th>
<th>Diagnoses</th>
<th>Comments</th>
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Clients’ profile: Check age group

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<tr>
<th>Age</th>
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<tbody>
<tr>
<td>0 – 5 years old</td>
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<tr>
<td>6 – 12 years old</td>
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<td>13 – 21 years old</td>
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<tr>
<td>22 – 64 years old</td>
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<td>65+ years old</td>
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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:

1. Skills Most Useful: __________________________________________________________________
2. Additional Skills Needed: __________________________________________________________________
3. What advice do you have for future students who wish to prepare for this placement? __________________________________________________________________
4. Would you recommend this fieldwork site to other students? Yes ________ No ________
5. 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: ___________________________