**AOTA FIELDWORK DATA FORM**

**Date:** 1/28/2010  
**Name of Facility:** UCP of Central Florida  
**Address:** Street 3305 S. Orange Ave.  
**City Orlando**, **State FL**, **Zip: 32806**

| FW I | | FW II | | Credentials: | **Credential:** PT  
Sr. Director of Therapy Practices |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Contact Person:</strong> n/a</td>
<td><strong>Credentials:</strong></td>
<td><strong>Contact Person:</strong> Irma Rosa</td>
<td><strong>Preferred Sequence of FW:</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Phone:</strong></td>
<td><strong>Initiation Source:</strong></td>
<td><strong>Phone:</strong> 407-852-3316</td>
<td><strong>Corporate Status:</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| **E-mail:** | □ FW Office  
□ FW Site  
□ Student | □ Any  
□ Second/Third only; 1st must be in:  
□ Full-time only  
□ Part-time option  
□ Prefer Full-time |
| **Web site address:** www.ucpcfl.org | **Age Groups:**  
□ 0-5  
□ 6-12  
□ 13-21  
□ 22-64  
□ 65+  
□ Other:  
□ Other Staff:  
□ OTRs: 12  
□ COTAs: 1  
□ Aides: 6  
□ PT: 13  
□ Speech: 26  
□ Resource Teacher: 50  
□ Counselor/Psychologist: 1  |

**OT Fieldwork Practice Settings (ACOTE Form A #3 noted):**

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th><strong>Age Groups:</strong></th>
</tr>
</thead>
</table>
| □ In-Patient Acute 1.1  
□ In-Patient Rehab 1.2  
□ SNF/Sub-Acute/Acute Long-Term Care 1.3  
□ General Rehab Outpatient 1.4  
□ Outpatient Hands 1.5  
□ Pediatric Hospital/Unit 1.6  
□ Peds Hospital Outpatient 1.7  
□ In-Patient Psych 1.8 | □ Early Intervention 3.1  
□ School 3.2  
□ Other area(s) please specify: | □ Early Intervention 3.1  
□ School 3.2  
□ Other area(s) please specify: |

**Student Prerequisites (check all that apply) [ACOTE/Standard]**

| CPR  
| Medicare/Medicaid Fraud Check  
| Criminal Background Check  
| Child Protection/abuse check  
| Adult abuse check  
| Fingerprinting | First Aid  
| Infection Control training  
| HIPPA Training  
| Prof. Liability Ins.  
| Own transportation  
| Interview | HepB  
| MMR  
| Tetanus  
| Chest x-ray  
| Drug screening  
| TB/Mantoux | Physical Check up  
| Varicella  
| Influenza |

**Health requirements:**

Please list any other requirements:

**Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply)**

<table>
<thead>
<tr>
<th>Performance Skills:</th>
<th>Client Factors:</th>
<th>Contexts:</th>
</tr>
</thead>
</table>
| Motor Skills  
□ Posture  
□ Mobility  
□ Coordination  
□ Strength & effort  
□ Energy | Body functions/structures  
□ Mental functions-affective  
□ Mental functions-cognitive  
□ Mental functions-perceptual  
□ Sensory functions & pain  
□ Voice & speech functions  
□ Major organ systems: heart, lungs, blood, immune  
□ Digestive/metabolic/endocrine systems  
□ Reproductive functions  
□ Neuromusculoskeletal & movement functions  
□ Skin | Cultural-ethnic beliefs & values  
□ Physical environment  
□ Social Relationships  
□ Personal-age, gender, etc.  
□ Spiritual  
□ Temporal-life stages, etc.  
□ Virtual-simulation of env, chat room, etc.  
□ Impoverished habits  
□ Useful habits  
□ Dominating habits  
□ Routine sequences  
□ Roles |

<table>
<thead>
<tr>
<th>Process Skills</th>
<th>Communication/Interaction Skills</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| □ Energy  
□ Knowledge  
□ Temporal organization  
□ Organizing space & objects  
□ Adaptation | □ Physicality-non verbal  
□ Information exchange  
□ Relations | |

**Most common services priorities (check all that apply)**

### Occupation-based activity - within client’s own environmental context; based on their goals addressed in this setting (check all that apply):

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</thead>
<tbody>
<tr>
<td>Bathing/showering</td>
<td>Care of others/pets</td>
<td>Formal education participation</td>
<td>Employment interests &amp; pursuits</td>
<td>Community</td>
<td>With clients, caregivers, other team members and community providers</td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td>Child rearing</td>
<td>Exploration of informal personal education needs or interests</td>
<td>Employment seeking and acquisition</td>
<td>Family</td>
<td></td>
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</tr>
<tr>
<td>Feeding</td>
<td>Communication device use</td>
<td>Informal personal education participation</td>
<td>Job performance</td>
<td>Peer/friend</td>
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<tr>
<td>Functional mobility</td>
<td>Community mobility</td>
<td></td>
<td>Retirement preparation &amp; adjustment</td>
<td></td>
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<tr>
<td>Personal care</td>
<td>Financial management</td>
<td></td>
<td>Volunteer exploration / participation</td>
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<tr>
<td>Personal hygiene &amp; grooming</td>
<td>Health management &amp; maintenance</td>
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<tr>
<td>Sexual activity</td>
<td>Home establishment &amp; management</td>
<td></td>
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<tr>
<td>Sleep/rest</td>
<td>Meal preparation &amp; clean up</td>
<td></td>
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<tr>
<td>Toilet hygiene</td>
<td>Safety procedures &amp; emergency responses</td>
<td></td>
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<tr>
<td>Leisure</td>
<td>Shopping</td>
<td></td>
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<tr>
<td>Play exploration</td>
<td>Leisure exploration</td>
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</tr>
<tr>
<td>Play participation</td>
<td>Leisure participation</td>
<td></td>
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</tbody>
</table>
| **Purposeful Activity - therapeutic context leading to occupation, practice in preparation for natural context**  
| Practicing an activity            | Sensory-Stimulation                           |                                   |                                   |                                   |                                 |                                |
| Simulation of activity            | Physical agent modalities                     |                                   |                                   |                                   |                                 |                                |
| Role Play                         | Splinting                                     |                                   |                                   |                                   |                                 |                                |
| Examples: Going to supermarket   | Exercise                                      |                                   |                                   |                                   |                                 |                                |
|                                  | Examples: Upper extremity splinting           |                                   |                                   |                                   |                                 |                                |

### Method of Intervention

**Direct Services/case load for entry-level OT**
- One-to-one:
- Small group(s):
- Large group:

**Discharge Outcomes of clients (%)**
- Home
- Another medical facility
- Home Health

### Outcomes of Intervention *
- Occupational performance - improve &/or enhance
- Client Satisfaction
- Role Competence
- Adaptation
- Health & Wellness
- Prevention
- Quality of Life

### OT Intervention Approaches
- Create, promote (health promotion)
- Establish, restore, remediation
- Maintain
- Modify, compensation, adaptation
- Prevent, disability prevention

### Theory/ Framed of Reference/ Models of Practice
- Acquisition
- Biomechanical
- Cognitive - Behavioral
- Coping
- Developmental
- Ecology of Human Performance
- Model of Human Occupation (MOHO)
- Occupational Adaptation
- Occupational Performance Model
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration
- Other (please list): NDT

Please list most common screenings and evaluations used in your setting: PDMS-2, BOT-2, VMI-5, PEDI, Sensory Profile

Identify safety precautions important at your FW site
| ☒ Medications                        | ☒ Swallowing/ choking risks  |
| ☒ Post-surgical (list procedures)   | ☒ Behavioral system/ privilege level (locked areas, grounds) |
| ☒ Contact guard for ambulation      | ☒ Sharps count              |
| ☒ Fall risk                         | ☐ 1:1 safety/ suicide precautions |

☐ Other (describe):

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting: Contacting CI for reading assignments prior to start internship.
**Target caseload/productivity for fieldwork students:**
- Productivity % per 40 hour week: 75%+
- Caseload expectation at end of FW: full (25-30 clients)
- Productivity % per 8 hour day: 75%+
- # Groups per day expectation at end of FW: 0-1

**Documentation:**
- Frequency/Format (briefly describe):
  - Hand-written documentation:
  - Computerized Medical Records:
- Time frame requirements to complete documentation:

<table>
<thead>
<tr>
<th>Administrative/Management duties or responsibilities of the OT/OTA student:</th>
<th>Student Assignments. Students will be expected to successfully complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Schedule own clients</td>
<td>☑ Research/EBP/Literature review</td>
</tr>
<tr>
<td>☐ Supervision of others (level 1 students, aides, OTA, volunteers)</td>
<td>☐ In-service</td>
</tr>
<tr>
<td>☐ Budgeting</td>
<td>☐ Case study</td>
</tr>
<tr>
<td>☐ Procuring supplies (shopping for cooking groups, client/intervention related items)</td>
<td>☐ Participate in in-services/ grand rounds</td>
</tr>
<tr>
<td>☑ Participating in supply or environmental maintenance</td>
<td>☑ Fieldwork Project (describe) as assigned by CI</td>
</tr>
<tr>
<td>☑ Other: Billing</td>
<td>☑ Field visits/rotations to other areas of service</td>
</tr>
<tr>
<td>☐ Observation of other units/disciplines</td>
<td>☑ Other assignments (please list): Visit other UCP of Central Florida sites</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student work schedule &amp; outside study expected:</th>
<th>Other</th>
<th>Describe level of structure for student?</th>
<th>Describe level of supervisory support for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule hrs/week/day: 8-10</td>
<td>Room provided ☑ yes ☐ no</td>
<td>☑ High</td>
<td>☐ High</td>
</tr>
<tr>
<td>Do students work weekends? ☐ yes ☑ no</td>
<td>Meals ☐ yes ☑ no</td>
<td>☑ Moderate</td>
<td>☐ Moderate</td>
</tr>
<tr>
<td>Do students work evenings? ☐ yes ☑ no</td>
<td>Stipend amount: 0</td>
<td>☑ Low</td>
<td>☐ Low</td>
</tr>
</tbody>
</table>

Describe the FW environment/atmosphere for student learning: Classroom treatment Setting, OP Clinic Setting, Regular meetings with CI, Team meetings, In-services, Dept. meetings

Describe public transportation available: Accessible to bus routes.

**ACOTE Standards Documentation for Fieldwork** (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

   **Name of Agency for External Review:** NAY-C, Early Steps, 4-C, Dept. of Health, Dept. of Education (Schools districts: Seminole, Osceola and Orange Counties)

   **Year of most recent review:** 2007

   **Summary of outcomes of OT Department review:** Satisfactory

2. Describe the fieldwork site agency stated mission or purpose (can be attached). "We are the experts for children with special needs. By providing the best support, education, and therapy, we offer hope to everyone touched by a disability".

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): "ACOTE Standards B 10.1, 1.10.2, B 10.3, B 10.4, B 10.14, B 10.15.1 "We are the experts for children with special needs. By providing the best support, education, and therapy, we offer hope to everyone touched by a disability".

   a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client's 'meaningful' doing in this setting? Home Assessments and visits, client and caregiver interviews, functional treatment activities

   b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities? Choice making with treatment activities, client and caregiver input, priorities obtained from goal writing.
c. Describe how psychosocial factors influence engagement in occupational therapy services? Maximize client's motivation to engage in tasks.

d. Describe how you address clients' community-based needs in your setting? Field trips, school visits, referrals to outside community programs.

4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10, B.10.11, B.10.15 By providing therapists with current articles and via continuing education opportunities.

Yes, students are encouraged to provide practice evidence.

5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC. ACOTE Standards B.10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, B.10.21 Please refer to attached info.

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students) ACOTE Standards B.7.10. B.10.12, B.10.17 (provide a template) Please refer to attached info.

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.19, B.10.20, B.10.21

☐ Supervisory models
☐ Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience- SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
☐ Clinical reasoning
☐ Reflective practice CI meeting with Senior Director of Therapy Practices after each internship assignment.

Comments:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency. OT services and the fieldwork experience. ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.14, B.10.17, B.10.19, B.10.20, B.10.21 Phone Interview/orientation, on-going (daily) performance feedback, formal meetings (initial, mid-term, final)

Supervisory patterns: Description (respond to all that apply)

☐ 1:1 Supervision Model: 99%
☐ Multiple students supervised by one supervisor:
☐ Collaborative Supervision Model:
☐ Multiple supervisors share supervision of one student, # supervisors per student: 1%-2 CI's for one student
☐ Non-OT supervisors:


Status/Tracking Information Sent to Facility

To be used by OT Academic Program
ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

Which Documentation Does The Fieldwork Site Need?
☐ A Fieldwork Agreement/ Contract?

OR

☐ A Memorandum of Understanding?

**Which FW Agreement will be used:**  ☑ OT Academic Program Fieldwork Agreement  ☐ Fieldwork Site Agreement/ Contract

**Title of Parent Corporation** (if different from facility name):

**Type of Business Organization** (Corporation, partnership, sole proprietor, etc.): Non-profit organization, corporation

**State of Incorporation:** Current

**Fieldwork Site agreement negotiator:** Irma Rosa, Ilene Wilkins

**Phone:** 407-852-3316  
**Email:**

irosa@ucpcfl.org

**Address** (if different from facility):

**Street:**

**City:**

**State:**

**Zip:**

**Name of student:**

**Potential start date for fieldwork:**

Any notation or changes that you want to include in the initial contact letter:

---

**Information Status:**

☐ New general facility letter sent:

☐ Level I Information Packet sent:

☐ Level II Information Packet sent:

☐ Mail contract with intro letter (sent):

☐ Confirmation sent:

☐ Model Behavioral Objectives:

☐ Week-by-Week Outline:

☐ Other Information:

☐ Database entry:
   - ☐ Facility Information:
   - ☐ Student fieldwork information:

☐ Make facility folder:

☐ Print facility sheet:

Revised 4/8/2010