Please complete this form and return it by email to Jacque.jones@med.und.edu
Request an electronic form if needed.

Fieldwork Facility Evaluation Form
UND OT Dept
School of Medicine and Health Sciences

Facility name ______________________ City ______________________ State ________

Date (m/d/year) __________ Setting Type __________________________

Contact Person ______________ Ph # (_____ )_________ E-Mail ____________

Purpose: To meet accreditation standards, the University of North Dakota Occupational Therapy Department must ensure that fieldwork experiences provided to students are consistent with our curriculum design, based on the Occupation Adaptation Model. A short explanation is provided for each category to clarify desired facility characteristics.

Procedure: Please complete the facility description section of this form, and include specific examples or comments regarding experiences provided. Upon receipt, UND will review information provided and send a final copy back to the facility.

I. Primary Conditions/Diagnoses Treated
   A. Students need opportunity to evaluate and treat clients with a variety of diagnostic conditions so as to obtain exposure to role responsibilities commonly assumed by entry-level therapists in this type of practice setting.
   1. Conditions commonly treated:
      Facility Description

II. Evaluation/Assessment
   A. Students need opportunity to participate in assessments which measure readiness skills (such as range of motion, strength, social skills, cognition)
   1. Evaluations of Readiness Skills
      Facility Description

B. Students need to have opportunity to evaluate the client’s performance in areas of occupation (ADL, cooking, homemaking, leisure, work etc)
   1. Evaluations of Performance in Occupational Areas
B. Students need to appreciate the impact of context on occupational performance, and participate in assessments where context (physical, social, cultural, etc) is assessed.
1. Evaluations of Context
Facility Description

III. Interventions
A. Students need opportunity to gain experience in provision of a variety of interventions, including those that address readiness skills (preparatory i.e. range of motion, strength, self-esteem, assertiveness, etc) and those that involve individuals in actual practice of participation in occupations (purposeful and occupation-based such as practicing dressing, cooking, shopping, completing job applications, etc)
1. Preparatory Interventions (address readiness skills)
Facility Description

2. Purposeful/Occupation-Based Interventions (involve individuals in “doing” occupations)
Facility Description

B. Students need to appreciate the impact of context on participation in occupations, and should be engaged in some interventions which involve altering context (i.e. environmental adaptation, adaptive equipment, use of technology, etc) to compensate for skill loss.
1. Interventions addressing context
IV. Client-Centered Therapy
   A. Clients should be active participants in the treatment planning, intervention and outcome evaluations of therapy session. Psychosocial factors influencing engagement in occupation should be understood and integrated into therapy to ensure client-centered, meaningful, occupation-based outcomes. For example, use of Canadian Occupational Performance Measure (COPM) or Occupational Self Assessment (OSA) to gain client perspective.
   1. Process used by OT Dept to gain client perspective (used to stimulate engagement in treatment planning, implementation, and evaluation).
   Facility Description

V. Resources Available for Student Program
   A. Objectives/Assignments
      Objectives and weekly fieldwork expectations/assignments should demonstrate promotion of clinical reasoning, reflective and ethical practice and be consistent with UND Fieldwork course objectives and AOTA student performance evaluation.
   Facility Description of objectives/Assignments

B. Plan for Supervision and Assessment
   Initial supervision should be direct, and then decreased as appropriate. Describe how the program enables progression of the student (direct observation, co-treatment, weekly meetings, etc) Describe supervisory patterns (1:1 Model or individualized supervision within group placement) Describe qualifications of FW Educators including specific training, certification, years of experience in supervising.
**Facility Description**

**VI UND Cumulative Review of Fieldwork Program**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Experiences offered are consistent with UND Curriculum Design</td>
<td></td>
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<tr>
<td>Objectives reflect available learning experiences</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Objectives support attainment of UND identified fieldwork competencies</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*If No for either of above, provide rationale and indicate action to be taken:*

*If Yes for both of above, provide summary of strengths and indicate resources that would supplement or enhance the fieldwork program*

______________________________
Facility Signature

______________________________
UND OT Dept Signature

______________________________
Date

______________________________
Date

Approved as a UND Fieldwork Site

Not approved as a UND Fieldwork Site

Revised October 2009

Forms/FW Facility Eval Form rvsd October 2009