



**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 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