

**NEW ENGLAND OCCUPATIONAL THERAPY EDUCATION COUNCIL INC., (NEOTEC)  
FIELDWORK DATA FORM  
Adapted from: AOTA, 2008**

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**Introduction:** The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy practitioners (in their supervisory role as Fieldwork Educators), academic programs (faculty and fieldwork coordinators), and students. This information is required to meet the Accreditation Council for Occupational Therapy (ACOTE) Standards to be met by all academic programs. In addition, students benefit from this valuable information.

The Fieldwork Data Form has been developed to reflect the Occupational Therapy Practice Framework terminology and best practice in occupational therapy to promote quality fieldwork experiences. NEOTEC has adapted the form originally developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection. We have developed a companion Fieldwork Site Specific Objectives checklist to help expedite clarification of expectations for the Level II fieldwork student. The checklist is organized according to the AOTA Fieldwork Performance Evaluation items. If you have Site Specific Objectives prepared, please feel free to complete only the Assessment table to accompany your document.

This document is an important part of the collaborative process of fieldwork education. We appreciate your efforts in providing this information to support best practices in fieldwork education. NEOTEC's aim in providing one standard document is to maximize efficiency and clarity in a user-friendly format. We welcome your feedback and encourage any additional input you feel would be helpful to add to the forms.

*Thank you!*

**Please complete and return to:**

**Please call or email if you have questions.**

## NEOTEC FIELDWORK DATA FORM

**Date:** \_\_\_\_\_  
**Name of Facility:** \_\_\_\_\_  Multiple Locations, please attach list  
**Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Title of Parent Corporation** (if different from facility name): \_\_\_\_\_  
**Address** (if different from facility): \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<p><b>FW I</b></p> <p><b>Contact Person:</b> _____ <b>Credentials:</b> _____</p> <p><b>Phone:</b> _____ <b>E-mail:</b> _____</p>	<p><b>FW II</b></p> <p><b>Contact Person:</b> _____ <b>Credentials:</b> _____</p> <p><b>Phone:</b> _____ <b>E-mail:</b> _____</p>
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<p><b>Director:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>Web site address:</b> _____</p> <p><b>Email address:</b> _____</p>	<p><b>Corporate Status:</b></p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> State Gov't</p> <p><input type="checkbox"/> Federal Gov't</p>	<p><b>Preferred Sequence of FW:</b></p> <p><input type="checkbox"/> Any</p> <p><input type="checkbox"/> Full-time only    <input type="checkbox"/> Part-time option</p> <p><input type="checkbox"/> OT Only            <input type="checkbox"/> OTA Only</p> <p><input type="checkbox"/> 2<sup>nd</sup>/3<sup>rd</sup> only (1<sup>st</sup> must be in:</p>
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**Accreditation Bodies:** \_\_\_\_\_ **Yr. of last review:** \_\_\_\_\_

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

<p><b>Hospital-based settings</b></p> <p><input type="checkbox"/> In-Patient Acute 1.1</p> <p><input type="checkbox"/> In-Patient Rehab 1.2</p> <p><input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3</p> <p><input type="checkbox"/> General Rehab Outpatient 1.4</p> <p><input type="checkbox"/> Outpatient Hands 1.5</p> <p><input type="checkbox"/> Pediatric Hospital/Unit 1.6</p> <p><input type="checkbox"/> Peds Hospital Outpatient 1.7</p> <p><input type="checkbox"/> In-Patient Psych 1.8</p> <p>Other areas (specify): _____</p>	<p><b>Community-based settings</b></p> <p><input type="checkbox"/> Peds Community 2.1</p> <p><input type="checkbox"/> Behavioral Health Community 2.2</p> <p><input type="checkbox"/> Older Adult Community Living 2.3</p> <p><input type="checkbox"/> Older Adult Day Program 2.4</p> <p><input type="checkbox"/> Outpatient/hand private practice 2.5</p> <p><input type="checkbox"/> Adult Day Program for DD 2.6</p> <p><input type="checkbox"/> Home Health 2.7</p> <p><input type="checkbox"/> Peds Outpatient Clinic 2.8</p>	<p><b>School-based settings</b></p> <p><input type="checkbox"/> Early Intervention 3.1</p> <p><input type="checkbox"/> School 3.2</p> <p><b>Age Groups:</b></p> <p><input type="checkbox"/> 0-5</p> <p><input type="checkbox"/> 6-12</p> <p><input type="checkbox"/> 13-21</p> <p><input type="checkbox"/> 22-64</p> <p><input type="checkbox"/> 65+</p>	<p><b>Staff Composition:</b></p> <p><input type="checkbox"/> OTRs            <input type="checkbox"/> COTAs</p> <p><input type="checkbox"/> Aides            <input type="checkbox"/> Social Workers</p> <p><input type="checkbox"/> PTs                <input type="checkbox"/> Speech</p> <p><input type="checkbox"/> Nutritionist    <input type="checkbox"/> Case Managers</p> <p><input type="checkbox"/> Teachers/Resource Teachers</p> <p><input type="checkbox"/> Counselor/Psychologist</p> <p><input type="checkbox"/> Therapeutic Rec (CTRS)</p> <p><input type="checkbox"/> Expressive (art/music/movement)</p> <p><input type="checkbox"/> MD/Medical Residents</p> <p><input type="checkbox"/> Orthotics/Prosthetics</p> <p><input type="checkbox"/> Nursing Personnel</p> <p><input type="checkbox"/> CRC Vocational Counselor</p> <p><input type="checkbox"/> Other: _____</p>
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**Student Pre-requisite competencies:**

MMT <input type="checkbox"/>	Vital signs <input type="checkbox"/>	Group protocols/ leadership <input type="checkbox"/>
Goniometry <input type="checkbox"/>	Transfers <input type="checkbox"/>	Universal Precautions <input type="checkbox"/>
Interviewing techniques/ skills <input type="checkbox"/>	Wheelchair use/ safety/ positioning <input type="checkbox"/>	Task/activity analysis <input type="checkbox"/>
Other (describe): _____		

**Site Requirements for students** (check all that apply) ACOTE Standard B.10.6

<p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> BLS</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> AED</p> <p><input type="checkbox"/> Medicare / Medicaid Fraud Check</p> <p><input type="checkbox"/> Criminal Background Check</p> <p style="padding-left: 20px;"><input type="checkbox"/> by site    <input type="checkbox"/> by college</p> <p style="padding-left: 20px;"><input type="checkbox"/> residency (all states)</p> <p style="padding-left: 20px;"><input type="checkbox"/> National</p> <p><input type="checkbox"/> OIG (Off. Inspector Gen)</p>	<p><input type="checkbox"/> Child Protection/abuse check</p> <p><input type="checkbox"/> Sexual Offense Record Inquiry</p> <p><input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> Infection Control training</p> <p><input type="checkbox"/> HIPAA Training</p> <p><input type="checkbox"/> Prof. Liability Ins.</p> <p><input type="checkbox"/> Fingerprinting</p>	<p><input type="checkbox"/> HepB</p> <p><input type="checkbox"/> MMR</p> <p><input type="checkbox"/> Tetanus</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Drug screening</p> <p><input type="checkbox"/> TB/Mantoux</p> <p style="padding-left: 20px;"><input type="checkbox"/> 2 step PPD</p> <p><input type="checkbox"/> Interview</p> <p><input type="checkbox"/> Own transportation</p>	<p><input type="checkbox"/> Physical Check up</p> <p><input type="checkbox"/> Varicella titre</p> <p><input type="checkbox"/> Influenza</p> <p><input type="checkbox"/> Certificate of Liability</p> <p><input type="checkbox"/> Site established student orientation program/procedure (please describe):</p> <p><input type="checkbox"/> Dress Code (attach or describe below)</p>
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Please list any other requirements or fees: \_\_\_\_\_

**Please identify additional ways students should prepare for placement:**

**Students will participate in** (check all that apply)

<input type="checkbox"/> Direct service	<input type="checkbox"/> Evaluation/Screening	<input type="checkbox"/> Consultation	<input type="checkbox"/> Billing
<input type="checkbox"/> One-to-one	<input type="checkbox"/> Meetings(team, department, family)	<input type="checkbox"/> In-service training	<input type="checkbox"/> Documentation
<input type="checkbox"/> Small group(s)	<input type="checkbox"/> Client/caregiver education	<input type="checkbox"/> Presenting	<input type="checkbox"/> Other:
<input type="checkbox"/> Large group (s)	<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Attending	

**Identify safety precautions at FW site:**

<input type="checkbox"/> Medications	<input type="checkbox"/> Swallowing/ choking risks
<input type="checkbox"/> Post-surgical (list procedures)	<input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds)
<input type="checkbox"/> Vital signs (BP, O2)	<input type="checkbox"/> Sharps count
<input type="checkbox"/> Fall risk	<input type="checkbox"/> 1:1 for safety
<input type="checkbox"/> Allergies	<input type="checkbox"/> Suicide precautions
<input type="checkbox"/> Restraint Protocols	<input type="checkbox"/> Lockdown/evacuation/fire
<input type="checkbox"/> Other (describe):	

<p><b>Target caseload/productivity at end of fieldwork:</b>                  Productivity per day:                  Productivity per week:                  # Groups per day:                  Caseload:</p>	<p><b>Documentation Format</b> (briefly describe):</p> <input type="checkbox"/> Narrative <input type="checkbox"/> SOAP <input type="checkbox"/> Checklist <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hand-written documentation <input type="checkbox"/> Computerized Medical Records	<p><b>Student Assignments beyond service delivery</b></p> <input type="checkbox"/> Research <input type="checkbox"/> EBP/Literature review <input type="checkbox"/> In-service <input type="checkbox"/> Case study <input type="checkbox"/> Participate in in-services/ grand rounds <input type="checkbox"/> Fieldwork Project <input type="checkbox"/> Field visits <input type="checkbox"/> Observation of other units/disciplines <input type="checkbox"/> Other assignments (please list):
<p><b>Student work schedule</b>                  Hours Required:  <input type="checkbox"/> Weekends required  <input type="checkbox"/> Evenings required  <input type="checkbox"/> Flex/Alternate Schedules                  Describe:  <input type="checkbox"/> Outside study expected</p>	<p>Time frame &amp; frequency of documentation:                  Evaluation due within: _____  <input type="checkbox"/> Contact note  <input type="checkbox"/> Progress Summary  <input type="checkbox"/> Other: _____</p>	<p><b>Other</b></p> <input type="checkbox"/> Access to Public Transportation Room provided <input type="checkbox"/> yes <input type="checkbox"/> no If yes: <input type="checkbox"/> Free <input type="checkbox"/> At Cost Describe Assistance Provided (if any): _____ Meals <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> for a fee Stipend amount:

**Administrative/ Management duties or responsibilities of student**

Supervision of others (Level I students, aides, OTA, volunteers)  
 Procuring supplies  
 Other:

**INTEGRATION OF CURRICULUM THEMES (ACADEMIC PREPARATION)**

Please identify the <i>extent of opportunities</i> that students will have to incorporate the following themes in occupational therapy practice during the fieldwork experience	1 = No opportunity 2 = Limited opportunities 3 = Some opportunities 4 = Many opportunities (with most clients) 5 = Consistent opportunities (for all clients)				
	1	2	3	4	5
<b>A. CLIENT-CENTERED PRACTICE</b>					
<b>B. OCCUPATION-BASED PRACTICE</b>					
<b>C. EVIDENCE-BASED PRACTICE</b>					
<b>D. LEADERSHIP &amp; ADVOCACY</b>					
<b>E. ASSISTIVE TECHNOLOGY</b>					
<b>F. CLINICAL REASONING</b>					

**Supports for client-centered practice:**

- A.1. Clients are routinely interviewed and goals documented
- A.2. Clients/family members/caregivers formally agree to the intervention plan
- A.3. Clients are provided with choices to direct the priorities of the intervention plan
- A.4. Other: (please describe)

**Supports for occupation-based practice:**

- B.1. The client is provided intervention in a natural environment [school-based, community outings (grocery shopping, using public transportation, entertainment, etc.), home care, home evaluation/visit, car transfers, etc.]
- B.2. The client is involved in active collaboration with practitioners to identify similarities and differences between the hospital/healthcare facility's simulated environment and that of their residence/home
- B.3. The client and/or practitioner bring-in/provide authentic occupation-based activities as part of the intervention plan (cooking, playing games, musical instruments, arts & crafts, sports/fitness, etc.)
- B.4. Other: (please describe)

**Supports for evidence-based practice (EBP):**

- C.1. Evidence-based practice is valued by the fieldwork facility and practitioners
- C.2. Clients/consumers inquire about research-proven options for interventions/OT services
- C.3. Time is allotted (each week) for staff development to address activities such as EBP
- C.4. In-services are offered on a regular basis to promote staff development and continued learning
- C.5. Internet access and access to online professional journals is available for searching and using EBP
- C.6. Other: (please describe)

**Supports for leadership and advocacy:**

- D.1. Leadership and advocacy is valued by the fieldwork facility and practitioners who serve as role models
- D.2. The facility's environment promotes leadership and advocacy
- D.3. Time is allotted for activities that promote leadership and advocacy
- D.4. Other: (please describe)

**Supports for Assistive Technology**

- E.1. Offers opportunities to participate in the *process* of evaluating and prescribing assistive technology (including client education), training in the use of assistive technology *devices* and/or training clients in use of adaptive *strategies* (e.g., one handed dressing, joint protection, etc)
- E.2. Offers opportunities to participate in environmental

**Supports for Clinical Reasoning & Reflective Practice**

- F.1 Provided opportunity to assess knowledge & practice skills in simulated contexts (e.g. role plays, problem based case scenarios)
- F.2 Verbal prompts to probe reasoning in safe learning context (e.g., before, during, after sessions, in supervisory meetings)
- F.3 Written assignments to challenge assumptions, build use of narrative, enhance reflection (e.g., interactive journal, case study)
- F.4 Feedback re: growth in areas of clinical/professional reasoning (e.g., scientific/procedural, interactive, pragmatic, ethical, etc.) assessments and/or adaptation
- E.3 Other: (please describe)

**Supervision Process**

What is the nature and frequency of supervision meetings:  Formal  Informal

Frequency:  daily  weekly  other

What is the model of supervision utilized at your site:

- 1:1 Supervision Model  Several Students: 1 Therapist (Collaborative model)  Several Therapists: 1 student

**Supervisory Methods to promote reflective practice:**

- Journaling  Processing verbally  Student Self Assessment/Self Appraisal (log/form)
- Written activity analysis  Probing questions  Written submission of intervention plans & rationale
- Other: \_\_\_\_\_

**Describe record keeping of supervision sessions:**

- Co-signed documentation of daily/weekly supervision  All informal/formal notes maintained by FW Educator
- Records kept when student not meeting expectations  Other:

Please check off any training or resources that fieldwork educators at your site have available to support their role in supervision of students (e.g., print resources, continuing ed coursework, online materials, workshops, etc.)

- Site Specific Student objectives (please attach)  Facility's Student manual  Facility Training in supervision
- Release time and/or reimbursement for continuing education
- AOTA Certificate in Fieldwork Education Program
- Mentoring opportunities (e.g., in 1:1 or Group Format)
- Training or in-service provided by NEOTEC, Regional, State or individual Academic Programs
- Use of online resources such as: AOTA (<http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor.aspx>) NEOTEC, Regional, ([/www.neotecouncil.org/](http://www.neotecouncil.org/)), State Associations, or individual Academic Programs

Facility Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

### Occupational Therapy Staff Profile

ACOTE standards (B.10.17) require that students are supervised by a currently licensed or credentialed Occupational Therapy Practitioner who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. In accordance with this, we ask that you complete the grid below and update it regularly, or as changes to your staff occur. Thank you in advance for your assistance with this!

Name and (OT/OTA)	Title	Degree	Year of Initial Certification

**SUPPLEMENTAL INFORMATION ~ please attach any of the following if you have them available or if they have changed**

- Literature/pamphlets on programs and services offered
- Student Manual
- Job description for entry-level occupational therapy personnel
- Mission statement
- Facility Policies & Procedures (e.g., HIPAA)

Thank you!!