FIELDWORK SUPERVISOR QUESTIONNAIRE

This questionnaire is to be completed by the Fieldwork Educator (FWE) directly responsible for the USM MOT level 2 student(s), if more writing space is needed, please use the back of this form. Please sign and return to the Academic Fieldwork Coordinator (AFWC) in the stamped, self-addressed envelope (or scan the completed and signed version and email to treidman@usm.maine.edu). Thank you!

1) How many years have you been a practicing occupational therapist? ______

2) How many students have you previously supervised? ________________

3) How have you learned how to supervise students? (Check all that apply)
   (a) _____ I have been mentored by an experienced OT supervisor
   (b) _____ I have read articles and books on effective supervision skills
   (c) _____ I have used the AOTA fieldwork resources
   (d) _____ I have attended workshops or conferences on supervision (please list the workshops/conferences) ____________________________
   (e) _____ I have mentored other OT’s
   (f) _____ I have taken the AOTA Certification course on supervision  Certification #____________
   (g) _____ Other (please explain) ____________________________

4) Are you aware of the FWE resources available at usm.maine.edu/ot, OT’s website?
   Yes_____ No_____ If so, have you used the resources in the past 6 months? Yes______ No______

Fieldwork Objectives (please choose one)
   (a) Your site agrees to use the suggested USM MOT fieldwork objectives with the student _____
   (b) Your site plans to use in-house student fieldwork objectives for USM’s MOT student_______
      (USM’s AFWC’s initials indicate acceptance)_____
   (c) If in-house, please include a copy of your site’s fieldwork objectives in the return envelope with this form.

Site Name: __________________________________________________________________________

The Fieldwork educator/supervisor attests to the above by signing: __________________________

The USM MOT AFWC has accepted the information above: _________________________________