

**RATING SCALE**

- 4 Exceeds requirements for student performance
- 3 Meets requirements for student performance
- 2 Area needs improvement to meet requirements for student performance
- 1 Does not meet requirements for student performance
- N/A Not observed at this time

**Part 1: Dependability/Responsibility**

Item	Rating	Comments
A. Student is on time.		
B. Student completes assignments when due.		
C. Student follows through with commitments and responsibilities.		
D. Student uses time constructively in the fieldwork setting for learning opportunities		
E. Student shows respect for others in the facility.		
F. Student assumes responsibility for own actions.		

**TOTAL PART 1:** \_\_\_\_\_

**PART 2: Professional Presentation**

Item	Rating	Comments
A. Student presents self in a manner acceptable to potential employer.		
B. Student uses body posture and affect that communicates interest or engages attention.		
C. Student displays a positive attitude towards becoming a professional.		
D. Student respects patient rights and confidentiality.		
E. Student abides by facility policy and procedures, e.g., dress code, schedule, use of phone, and so forth.		

**TOTAL PART 2:** \_\_\_\_\_

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**PART 3: Empathy**

Item	Rating	Comments
A. Student is sensitive and responsive to the feelings and behaviors of others.		
B. Student listens to and considers the ideas and opinions of others.		
C. Student renders assistance to all without prejudice.		

**TOTAL PART 3:** \_\_\_\_\_

**PART 4: Cooperation**

Item	Rating	Comments
A. Student works effectively with other individuals		
B. Student shows consideration for the needs of the group.		

**TOTAL PART 4:** \_\_\_\_\_

**Part 5. Clinical Reasoning**

Item	Rating	Comments
A. Student uses an inquiring or questioning approach within the setting.		
B. Student gives alternative solutions to complex issues and situations.		
C. Student analyzes, synthesizes and interprets information.		

**TOTAL PART 5:** \_\_\_\_\_

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**Part 6. Communication - Verbal**

Item	Rating	Comments
A. Student demonstrates active listening skills, e.g. eye contact, body language, verbal communication.		
B. Student expresses information accurately, concisely, and clearly.		
C. Student adjusts verbal and non-verbal communication to each person and situation.		
D. Student responds in apposite manner to questions, suggestions, and/or constructive criticism		
E. Student presents his/her self as nonjudgmental and culturally sensitive		
F. Student interacts with client-centered focus and demonstrates ability to establish rapport.		

**TOTAL PART 6:** \_\_\_\_\_

**Part 7. Communication - Written**

Item	Rating	Comments
A. Student communicates information accurately, clearly. And concisely in writing.		
B. Student writes legibly; uses acceptable grammar and correct punctuation and spelling.		
C. Student establishes rapport with staff and clients.		

**TOTAL PART 7:** \_\_\_\_\_

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**Part 8. Commitment to Learning**

Item	Rating	Comments
A. Student identifies need for further information.		
B. Student demonstrates positive attitude toward learning.		
C. Student puts knowledge into practice.		
D. Student offers own thoughts and ideas.		

**TOTAL PART 8:** \_\_\_\_\_

**Scoring Summary: Please transfer section total to space provided:**

- Part 1. Dependability** \_\_\_\_\_
- Part 2. Professional Presentation** \_\_\_\_\_
- Part 3. Empathy** \_\_\_\_\_
- Part 4. Cooperation** \_\_\_\_\_
- Part 5. Clinical Reasoning** \_\_\_\_\_
- Part 6. Communication - Verbal** \_\_\_\_\_
- Part 7. Communication - Written** \_\_\_\_\_
- Part 8. Commitment to Learning** \_\_\_\_\_

**Total** \_\_\_\_\_

I have read and discussed this performance evaluation and understand rationale for each rating presented. (Please note that student's signature denotes that student has read this report and does not imply that he or she agrees with this evaluation.) Please return to Sarah Becker in the OTA Program at Jamestown Community College. Thank You!

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

FW Educator Signature \_\_\_\_\_ Date \_\_\_\_\_

FW Educator Title \_\_\_\_\_

\*Please include any comments on back in narrative format.

**Jamestown Community College  
Occupational Therapy Assistant Program  
Level I Fieldwork Evaluation of Student Performance**

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
Last
MI.
First

J #: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**PLACEMENT INFORMATION** Type of Fieldwork: Physical Disabilities Gerontology Mental Health Pediatric/Developmental Disabilities

Placement Dates: From \_\_\_\_\_ to \_\_\_\_\_

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

Facility Phone #: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
 \_\_\_\_\_

Please list the dates and total hours student completed within this setting for Level I Fieldwork:

Date	Hours	Date	Hours	Date	Hours
_ / _ / _	_____	_ / _ / _	_____	_ / _ / _	_____
_ / _ / _	_____	_ / _ / _	_____	_ / _ / _	_____
_ / _ / _	_____	_ / _ / _	_____	_ / _ / _	_____
_ / _ / _	_____	_ / _ / _	_____	_ / _ / _	_____