AOTA FIELDWORK DATA FORM

Introduction:

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and occupational therapy assistant (OTA) academic programs, OT/OTA students, and fieldwork educators. Fieldwork Educators and Academic Fieldwork Coordinators (AFWC) jointly complete the Fieldwork Data Form to describe the fieldwork setting where students may have placements. While much of the information may be completed by the Fieldwork Educator, there will be additional information best obtained through AFWC interview of the fieldwork education coordinator at the site. The AFWC will find opportunity to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards that support the ACOTE on-site accreditation review process. In addition, OT/OTA students will find valuable information describing the characteristics of the fieldwork setting, the client population, commonly used assessments, interventions, and expectations and opportunities for students. 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. It was developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.
**AOTA FIELDWORK DATA FORM**

**Date:**
**Name of Facility:**
**Address:**

<table>
<thead>
<tr>
<th><strong>FW I</strong></th>
<th><strong>FW II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Person:</strong></td>
<td><strong>Contact Person:</strong></td>
</tr>
<tr>
<td><strong>Credentials:</strong></td>
<td><strong>Credentials:</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td><strong>Phone:</strong></td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><strong>E-mail:</strong></td>
</tr>
</tbody>
</table>

**Director:**
**Phone:**
**Fax:**
**Web site address:**

**Initiation Source:**
- [ ] FW Office
- [ ] FW Site
- [ ] Student

**Corporate Status:**
- [ ] For Profit
- [ ] Non-Profit
- [ ] State Gov’t
- [ ] Federal Gov’t

**Preferred Sequence of FW:**
- [ ] ACOTE Standards B.10.6
- [ ] Any
- [ ] Second/Third only; 1st must be in:
- [ ] Full-time only
- [ ] Part-time option
- [ ] Prefer Full-time

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

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups:</th>
<th>Number of Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ In-Patient Acute 1.1</td>
<td>□ Peds Community 2.1</td>
<td>□ Early Intervention 3.1</td>
<td>□ 0-5</td>
<td>OTRs:</td>
</tr>
<tr>
<td>□ In-Patient Rehab 1.2</td>
<td>□ Behavioral Health Community 2.2</td>
<td>□ School 3.2</td>
<td>□ 6-12</td>
<td>COTAs:</td>
</tr>
<tr>
<td>□ SNF/ Sub-Acute/ Acute</td>
<td>□ Older Adult Community Living 2.3</td>
<td>□ Other area(s)</td>
<td>□ 13-21</td>
<td>Aides:</td>
</tr>
<tr>
<td>□ Long-Term Care 1.3</td>
<td>□ Older Adult Day Program 2.4</td>
<td></td>
<td>□ 22-64</td>
<td>PT:</td>
</tr>
<tr>
<td>□ General Rehab Outpatient 1.4</td>
<td>□ Outpatient/Hand private practice 2.5</td>
<td></td>
<td>□ 65+</td>
<td>Speech:</td>
</tr>
<tr>
<td>□ Outpatient Hands 1.5</td>
<td>□ Adult Day Program for DD 2.6</td>
<td></td>
<td></td>
<td>Resource Teacher:</td>
</tr>
<tr>
<td>□ Pediatric Hospital/Unit 1.6</td>
<td>□ Home Health 2.7</td>
<td></td>
<td></td>
<td>Counselor/Psychologist:</td>
</tr>
<tr>
<td>□ Peds Hospital Outpatient 1.7</td>
<td>□ Peds Outpatient Clinic 2.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ In-Patient Psych 1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Prerequisites (check all that apply)**

| □ CPR | □ First Aid | □ HepB | □ Physical Check up |
| □ Medicare / Medicaid Fraud Check | □ Infection Control training | □ MMR | □ Varicella |
| □ Criminal Background Check | □ HIPAA Training | □ Tetanus | □ Influenza |
| □ Child Protection/abuse check | □ Prof. Liability Ins. | □ Chest x-ray | □ Other: |
| □ Adult abuse check | □ Own transportation | □ Drug screening | |
| □ Fingerprinting | □ Interview | □ TB/Mantoux | |

**Health requirements:**

- [ ] Physical Check up
- [ ] Varicella
- [ ] Influenza

**Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply):**

<table>
<thead>
<tr>
<th><strong>Performance Skills:</strong></th>
<th><strong>Client Factors:</strong></th>
<th><strong>Context(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motor Skills</strong></td>
<td><strong>Body functions/structures</strong></td>
<td><strong>Cultural- ethnic beliefs &amp; values</strong></td>
</tr>
<tr>
<td>□ Posture</td>
<td>□ Mental functions- affective</td>
<td><strong>Physical environment</strong></td>
</tr>
<tr>
<td>□ Mobility</td>
<td>□ Mental functions-cognitive</td>
<td><strong>Social Relationships</strong></td>
</tr>
<tr>
<td>□ Coordination</td>
<td>□ Mental functions- perceptual</td>
<td><strong>Personal- age, gender, etc.</strong></td>
</tr>
<tr>
<td>□ Strength &amp; effort</td>
<td>□ Sensory functions &amp; pain</td>
<td><strong>Spiritual</strong></td>
</tr>
<tr>
<td>□ Energy</td>
<td>□ Voice &amp; speech functions</td>
<td><strong>Temporal- life stages, etc.</strong></td>
</tr>
<tr>
<td></td>
<td>□ Major organ systems: heart, lungs, blood, immune</td>
<td><strong>Virtual- simulation of env, chat room, etc.</strong></td>
</tr>
<tr>
<td></td>
<td>□ Digestion/ metabolic/ endocrine systems</td>
<td><strong>Performance Patterns/Habits</strong></td>
</tr>
<tr>
<td></td>
<td>□ Reproductive functions</td>
<td><strong>Impoverished habits</strong></td>
</tr>
<tr>
<td></td>
<td>□ Neuromusculoskeletal &amp; movement functions</td>
<td><strong>Useful habits</strong></td>
</tr>
<tr>
<td></td>
<td>□ Skin</td>
<td><strong>Dominating habits</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Routine sequences</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Roles</strong></td>
</tr>
</tbody>
</table>

**Most common services priorities (check all that apply)**

- [ ] Direct service
- [ ] Meetings(team, department, family)
- [ ] Consultation
- [ ] Billing
- [ ] Discharge planning
- [ ] Client education
- [ ] In-service training
- [ ] Documentation
- [ ] Evaluation
- [ ] Intervention

**Types of OT Interventions addressed in this setting (check all that apply):**

**Activities of Daily Living (ADL)**
- Bathing/showering
- Bowel and bladder mgmt
- Dressing
- Eating
- Feeding
- Functional mobility
- Personal device care
- Personal hygiene & grooming
- Sexual activity
- Sleep/rest
- Toilet hygiene

**Instrumental Activities of Daily Living (IADL)**
- Care of others/pets
- Child rearing
- Communication device use
- Community mobility
- Financial management
- Health management & maintenance
- Home establishment & management
- Meal preparation & clean up
- Safety procedures & emergency responses
- Shopping

**Education**
- Formal education participation
- Exploration of informal personal education needs or interests
- Informal personal education participation

**Work**
- Employment interests & pursuits
- Employment seeking and acquisition
- Job performance
- Retirement preparation & adjustment
- Volunteer exploration / participation

**Social Participation**
- Community
- Family
- Peer/friend

**Therapeutic Use-of-Self**
- describe

**Consultation Process**
- describe

**Education Process**
- describe

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**Purposeful Activity**

- **therapeutic context leading to occupation, practice in preparation for natural context**
  - Practicing an activity
  - Simulation of activity
  - Role Play
  
  **Preparatory Methods**
  - preparation for purposeful & occupation-based activity
    - Sensory-Stimulation
    - Physical agent modalities
    - Splinting
    - Exercise
    - Example:

**Method of Intervention**

<table>
<thead>
<tr>
<th>Direct Services/case load for entry-level OT</th>
<th>Discharge Outcomes of clients (% clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-to-one:</td>
<td>Home</td>
</tr>
<tr>
<td>Small group(s):</td>
<td>Another medical facility</td>
</tr>
<tr>
<td>Large group:</td>
<td>Home Health</td>
</tr>
</tbody>
</table>

**Outcomes of Intervention**
- Occupational performance- improve &/ or enhance
- Client Satisfaction
- Role Competence
- Adaptation
- Health & Wellness
- Prevention
- Quality of Life

**OT Intervention Approaches**
- Create, promote (health promotion)
- Establish, restore, remediation
- Maintain
- Modify, compensation, adaptation
- Prevent, disability prevention

**Theory/ Frames of Reference/ Models of Practice**
- Acquisitional
- Biomechanical
- Cognitive- Behavioral
- Coping
- Developmental
- Ecology of Human Performance
- Model of Human Occupation (MOHO)
- Occupational Adaptation
- Occupational Performance Model
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration
- Other (please list):

**Method of Intervention**

<table>
<thead>
<tr>
<th>Target caseload/ productivity for fieldwork students:</th>
<th>Documentation: Frequency/ Format (briefly describe):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list most common screenings and evaluations used in your setting:

- Medications
- Post-surgical (list procedures)
- Contact guard for ambulation
- Fall risk
- Other (describe):

- Swallowing/ choking risks
- Behavioral system/ privilege level (locked areas, grounds)
- Sharps count
- 1:1 safety/ suicide precautions

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:
**Productivity % per 40 hour work week:**

- Caseload expectation at end of FW:
- Productivity % per 8 hour day:
- # Groups per day expectation at end of FW:

<table>
<thead>
<tr>
<th>Administrative/ Management duties or responsibilities of the OT/OTA student:</th>
<th>Student Assignments. Students will be expected to successfully complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Schedule own clients</td>
<td>□ Research/ EBP/ Literature review</td>
</tr>
<tr>
<td>□ Supervision of others (Level I students, aides, OTA, volunteers)</td>
<td>□ In-service</td>
</tr>
<tr>
<td>□ Budgeting</td>
<td>□ Case study</td>
</tr>
<tr>
<td>□ Procuring supplies (shopping for cooking groups, client/ intervention related items)</td>
<td>□ Participate in in-services/ grand rounds</td>
</tr>
<tr>
<td>□ Participating in supply or environmental maintenance</td>
<td>□ Fieldwork Project (describe):</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Field visits/ rotations to other areas of service</td>
</tr>
<tr>
<td></td>
<td>□ Observation of other units/ disciplines</td>
</tr>
<tr>
<td></td>
<td>□ Other assignments (please list):</td>
</tr>
</tbody>
</table>

**Student work schedule & outside study expected:**

<table>
<thead>
<tr>
<th>Schedule hrs/week/day:</th>
<th>Room provided</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do students work weekends?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Do students work evenings?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Describe level of structure for student?</td>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe level of supervisory support for student?</td>
<td>High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Describe the FW environment/ atmosphere for student learning:**

**Describe public transportation available:**
ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

   Name of Agency for External Review:
   Year of most recent review:
   Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached). ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.14, B.10.15

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.11, B.10.15
   a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client’s ‘meaningful’ doing in this setting?
   b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?
   c. Describe how psychosocial factors influence engagement in occupational therapy services?
   d. Describe how you address clients’ community-based needs in your setting?

4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards B.10.1, B.10.3, B.10.4, B.10.11, B.10.15

5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC. ACOTE Standards B.10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students). ACOTE Standards B.7.10, B.10.12, B.10.17 (provide a template)

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12,B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21
   - Supervisory models
   - Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
   - Clinical reasoning
   - Reflective practice

Comments:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency, OT services and the fieldwork experience. ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12,B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21
   - Supervisory patterns–Description (respond to all that apply)
     - 1:1 Supervision Model:
     - Multiple students supervised by one supervisor:
     - Collaborative Supervision Model:
     - Multiple supervisors share supervision of one student, # supervisors per student:
     - Non-OT supervisors:

**Status/Tracking Information Sent to Facility**

To be used by OT Academic Program  
ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

**Which Documentation Does The Fieldwork Site Need?**  
☐ A Fieldwork Agreement/ Contract?  
OR  
☐ A Memorandum of Understanding?

**Which FW Agreement will be used:**  
☐ OT Academic Program Fieldwork Agreement  
☐ Fieldwork Site Agreement/ Contract

**Title of Parent Corporation** (if different from facility name):

**Type of Business Organization** (Corporation, partnership, sole proprietor, etc.):

**State of Incorporation:**

<table>
<thead>
<tr>
<th>Fieldwork Site agreement negotiator:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

**Address** (if different from facility):

<table>
<thead>
<tr>
<th>Street:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

**Name of student:**  
**Potential start date for fieldwork:**

Any notation or changes that you want to include in the initial contact letter:

**Information Status:**

- ☐ New general facility letter sent:
- ☐ Level I Information Packet sent:
- ☐ Level II Information Packet sent:
- ☐ Mail contract with intro letter (sent):
- ☐ Confirmation sent:
- ☐ Model Behavioral Objectives:
- ☐ Week-by-Week Outline:
- ☐ Other Information:
- ☐ Database entry:  
  - ☐ Facility Information:
  - ☐ Student fieldwork information:
- ☐ Make facility folder:
- ☐ Print facility sheet:

Revised 1/27/2012