Department of Occupational Therapy
Level II Fieldwork Student Objectives

Students will be assigned for twelve weeks each to two facilities where they will be expected to apply and refine their therapeutic skills to the point that they are functioning at a beginning staff level by the end of the experience. During each fieldwork experience, the student will:

- Demonstrate appropriate workplace behaviors at all times (getting to work on time, adhering to facility dress codes, as well as follow all procedures directed by the fieldwork site)

- Identify his/her professional knowledge, skills and behaviors, and work to strengthen performance.

- Identify his/her own learning style and use the fieldwork experience as a laboratory to continue the educational process in occupational therapy practice

- Apply academic knowledge to the clinical interventions with clients

- Recognize the theoretical intervention models used in the assigned agency and apply these models in practice

- Collaborate with his/her supervisor in developing learning objectives to meet his/her individual needs

- Assume responsibility to access the resources necessary to planning and performing assigned duties

- Assume increasing amounts of responsibility for the care of clients, gradually requiring less supervision. At the end of the fieldwork experience, students should have the skills of a beginning therapist in that setting

- Report orally on designated clients to supervisor, occupational therapy colleagues, and other staff members
Submit complete and timely documentation, adhering to customary policy(ies) of the fieldwork site.

Develop interpersonal relationships conducive to therapeutic goals on a one-to-one (and group basis, if applicable).

Utilize constructive feedback to develop a professional identity congruent with the ethics of the helping professions, yet unique to the individual practitioner; and

Meet the specific behavioral objectives as written by the assigned agency.

I have reviewed, understand, and agree with these objectives.

Print name_________________________ License #____________ State: ______

Signature/title_____________________________ Date_____________________

Facility/Fieldwork Site Name ________________________________

Student Name ____________________________________________

*If you have site-specific objectives, please attach a copy to this signed and returned document.

Questions regarding these objectives should be directed to:

Fieldwork Coordinator
408-924-3078

Thank-you