**MUSC Division of Occupational Therapy**

**Weekly Fieldwork Review**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fieldwork Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week #: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

The student should complete sections 1-4 prior to a weekly established meeting with their Fieldwork Educator.

**1. Strengths:**

**2. Areas of Improvement:**

**3. Goals for the Week:**

**4. Supervision Needs:**

**5. Feedback from Fieldwork Educator Regarding Student Performance:**

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Student Signature Fieldwork Educator Signature