**University of North Dakota**

**Occupational Therapy Student Weekly Review Form**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fieldwork Educator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **FUNDAMENTALS OF PRACTICE AND BASIC TENETS** |
| **Areas of Strength** | **Areas of Need** |
| **SCREENING AND EVALUATION** |
| **Areas of Strength** | **Areas of Need** |
| **INTERVENTION** |
| **Areas of Strength** | **Areas of Need** |
| **MANAGEMENT OF OT SERVICES** |
| **Areas of Strength** | **Areas of Need** |
| **COMMUNICATION AND PROFESSIONAL BEHAVIORS** |
| **Areas of Strength** | **Areas of Need** |
| **PROGRESS SUMMARY** |
|  |
| **Fieldwork Schedule Revisions** |
|  |
| **Additional Student Support Needed** |
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| **STUDENT LEARNING GOALS** |
| **Student initiated objectives** | **Activities to Achieve Goals** | **Desired FWE Support**  |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**FW Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**