

**University of North Dakota  
Occupational Therapy Student Weekly Review Form**

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

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

**Date:** \_\_\_\_\_

**Week #** \_\_\_\_\_

<b>FUNDAMENTALS/BASIC TENETS OF PRACTICE</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
<b>EVALUATION AND SCREENING</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
<b>INTERVENTION</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
<b>MANAGEMENT OF OT SERVICES</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>
<b>COMMUNICATION/PROFESSIONAL BEHAVIORS</b>	
<b>Areas of Strength</b>	<b>Areas of Need</b>

<b>PROGRESS SUMMARY</b>

<u><b>Fieldwork Schedule Revisions</b></u>
<u><b>Additional Student Support Needed</b></u>

<b>STUDENT LEARNING GOALS</b>		
<b>Student initiated objectives</b>	<b>Activities to Achieve Goals</b>	<b>Desired Supervisor Support</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

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

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