**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** | | | |
|  | | | |
| **STUDENT LEARNING GOALS** | | | |
| **Student initiated objectives** | **Activities to Achieve Goals** | | **Desired FWE Support** |
| **1.** |  | |  |
| **2.** |  | |  |
| **3.** |  | |  |

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

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