**Weekly Feedback Form**

This form is designed to foster open and honest communication between the fieldwork educator/s and the student. It is recommended that you meet on a weekly basis to discuss progress and performance in the rotation. It is encouraged that the student and the educator individually complete this form prior to meeting. At the meeting, notes can be compared and goals and expectations established for the following week.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Educator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_Week\_\_\_\_\_\_\_of\_\_\_\_\_\_\_

This week the student:

Was prepared for all sessions Yes [ ] No [ ]

Was safe with all activities Yes [ ] No [ ]

Completed all assignments Yes [ ] No [ ] None due [ ]

Completed all assigned tasks Yes [ ] No [ ]

Used good clinical reasoning Yes [ ] No [ ]

Used occupational based activities Yes [ ] No [ ]

Was client centered with decisions Yes [ ] No [ ]

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes [ ] No [ ]

If the answer to any item was NO, please explain the reason:

Any additional student feedback:

**Based upon weekly expectations, next week the student will (not needed for last week of rotation):**

Complete the following assignment(s):

Observe the following activities(s):

For the first time:

Learn the following information:

Other: