

**Cleveland State University
Occupational Therapy Program
Evaluation of Student Performance
Practicum**

Student Name: _____ Supervisor Name: _____

Facility: _____ Dates of Practicum: _____

Practice Area (circle all that apply): pediatric adolescent adult geriatric physical health mental health

Use the following scale to rate the performance of this student:

- 1: **POOR** - Student was *not* successful in meeting the objective; required constant or excessive supervision
- 2: **FAIR** - Met objective, but required close supervision; below average performance
- 3: **GOOD** - Met objective with routine supervision; average performance
- 4: **VERY GOOD** - Met objective with minimal supervision; above average performance

	1	2	3	4
WORK BEHAVIORS				
1. Preparedness, organization, time management				
2. Professional presentation of self				
3. Recognizes personal and professional boundaries				
COMMUNICATION				
1. Interpersonal skills: cooperation, flexibility, tact, empathy, responds to social cues, ability to establish rapport with patients/clients				
2. Verbal communication				
3. Non-verbal: body language, eye contact				
4. Written: clear, accurate, legible; uses terminology; proper spelling, grammar				
PARTICIPATION IN THE SUPERVISORY PROCESS				
Receives and responds appropriately to feedback; seeks guidance when necessary				
OBSERVATION SKILLS				
Ability to observe and recognize relevant aspects of patient/client behavior and performance; ability to verbalize observations and perceptions				
SELF-DIRECTED LEARNING				
1. Responsibility for own learning, initiative, motivation, positive attitude towards learning, use of self-reflection				
2. Engagement in the Practicum experience: interest, participation, finds/shares outside resources				
REASONING/PROBLEM SOLVING				
1. Demonstrates understanding of the OT Process in this context				
2. Demonstrates understanding of rationale, justification and theoretical principles				
COMPLETES AN EVALUATION				
Respect for patient/client privacy, appropriate choice of assessment tool(s), proper administration, correct terminology, clear explanations				
COMPLETES AN INTERVENTION PLAN AND IMPLEMENTS INTERVENTION				
Appropriate goals and objectives, occupation-based, client-centered; intervention related to objectives, appropriate activity choice, clear instructions, safety awareness				
Column Totals:				
Final Score (add total of all columns):				

Please comment on any areas rated 2 or below on previous page: _____

Identified Strengths of Student: _____

Areas Requiring Growth/Change: _____

Concerns: _____

Additional Comments: _____

We have read this report:

Supervisor Signature Date

Student Signature Date

Supervisor (print name)

Student (print name)