Cleveland State University
Occupational Therapy Program
Student Evaluation of Practicum

Facility Name:_____

Facility Address:_____

Dates of Placement: _____ to _____ **# hours completed**:_____

Circle all that apply:
Population: Pediatric Adolescent Adult Geriatric

Practice Area: Mental health Physical function

Specialty: (specify, if appropriate) _____

Overall rating of this Practicum experience: (circle one)

1	2	3	4	5
Not recommended				Strongly recommended

Comments: _____
_____
_____

My experience was: (circle one)

1	2	3	4	5
No hands-on, all observation		50-50 Hands-on/Observation		Majority hands-on

Comments: _____
_____
_____

Assessment:

Assessments observed:	Participated in:
_____	_____
_____	_____
_____	_____

Therapeutic Intervention:

Interventions observed:	Participated in:
_____	_____
_____	_____
_____	_____
_____	_____

Evaluation of Supervision

1=strongly disagree/poor 2=disagree/fair 3=no opinion 4=agree/good 5=strongly agree/excellent

*Comments **required** for ratings of 3 and below*

	Rating	Comments
Introduction/Orientation to staff and facility		
Preparation for student; organization		
Willingness/ability to share knowledge		
Amount and type of supervision provided		
Quality & helpfulness of feedback,		
Facilitation of clinical reasoning and skills		
Modeled/encouraged occupation-based practice		
Modeled and encouraged client-centered practice		
Modeled and encouraged evidence-based practice		

Additional comments on supervision: _____

_____

_____

Practicum experiences I found most beneficial: _____

_____

_____

Practicum experiences I found the least beneficial: _____

_____

_____

I would also have liked to: _____

_____

_____

Academic courses, books, resources that were most relevant and valuable for this experience:

_____

_____

Personal and professional growth I experienced during this Practicum: _____

_____

_____

We have read this report:

_____ _____

Student Signature date Supervisor Signature date

_____ _____

Printed Name Printed Name

****All areas of this form must be completed--Please address all sections****

Incomplete forms will be returned to student by course instructor