

Crowder College Occupational Therapy Assistant Student/Supervisor Weekly Review

Student Name: _____ Week: _____

Student complete:	Fieldwork Educator:
What is something new you can you do or know now that you didn't last week?	What skills or strengths do you see emerging?
Think of something that you struggled with this week.	What areas of growth do you see?
Note something that you found the most helpful.	In what areas are growth needed?
Goal(s) for next week:	Goal(s) for next week:

Signatures required if being used for academic success plan.

Student signature: _____ Date: _____

Fieldwork Educator Signature: _____ Date: _____