

AOTA FIELDWORK DATA FORM

Introduction:

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (OTA) students will find valuable information describing the characteristics of the fieldwork setting; the client population; commonly used assessments; interventions; and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2012). The standards are outlined in Section C of the 2011 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.

AOTA FIELDWORK DATA FORM

Date:

Name of Facility:

Address: Street:

City:

State:

Zip:

<u>FW I</u>		<u>FW II</u>	
Contact Person:	Credentials:	Contact Person:	Credentials:
Phone:	Email:	Phone:	Email:

Director:	Initiation Source:	Corporate Status:	Preferred Sequence of FW: <small>ACOTE Standards B.10.6</small>
Phone:	<input type="checkbox"/> FW Office	<input type="checkbox"/> For Profit	<input type="checkbox"/> Any
Fax:	<input type="checkbox"/> FW Site	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Second/Third only; First must be in:
Website address:	<input type="checkbox"/> Student	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time option
		<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> Prefer full-time

OT Fieldwork Practice Settings:				
Hospital-based settings	Community-based settings	School-based settings	Age Groups:	Number of Staff:
<input type="checkbox"/> Inpatient Acute	<input type="checkbox"/> Pediatric Community	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> 0-5	OTRs:
<input type="checkbox"/> Inpatient Rehab	<input type="checkbox"/> Behavioral Health Community	<input type="checkbox"/> School	<input type="checkbox"/> 6-12	OTAs/COTAs:
<input type="checkbox"/> SNF/Sub-Acute/Acute Long-Term Care	<input type="checkbox"/> Older Adult Community Living	<u>Other area(s)</u> Please specify:	<input type="checkbox"/> 13-21	Aides:
<input type="checkbox"/> General Rehab Outpatient	<input type="checkbox"/> Older Adult Day Program		<input type="checkbox"/> 22-64	PT:
<input type="checkbox"/> Outpatient Hands	<input type="checkbox"/> Outpatient/hand private practice		<input type="checkbox"/> 65+	Speech:
<input type="checkbox"/> Pediatric Hospital/Unit	<input type="checkbox"/> Adult Day Program for DD			Resource Teacher:
<input type="checkbox"/> Pediatric Hospital Outpatient	<input type="checkbox"/> Home Health			Counselor/Psychologist:
<input type="checkbox"/> Inpatient Psychiatric	<input type="checkbox"/> Pediatric Outpatient Clinic			Other:

Student Prerequisites (check all that apply) <small>ACOTE Standard C.1.2</small>		Health requirements:	
<input type="checkbox"/> CPR	<input type="checkbox"/> First aid	<input type="checkbox"/> HepB	<input type="checkbox"/> Physical Check up
<input type="checkbox"/> Medicare/Medicaid fraud check	<input type="checkbox"/> Infection control training	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella
<input type="checkbox"/> Criminal background check	<input type="checkbox"/> HIPAA training	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Influenza
<input type="checkbox"/> Child protection/abuse check	<input type="checkbox"/> Prof. liability ins.	<input type="checkbox"/> Chest x-ray	Please list any other requirements:
<input type="checkbox"/> Adult abuse check	<input type="checkbox"/> Own transportation	<input type="checkbox"/> Drug screening	
<input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Interview	<input type="checkbox"/> TB/Mantoux	

Please list how students should prepare for a FW II placement such as doing readings, learning specific evaluations and interventions used in your setting: ACOTE Standards C.1.2, C.1.11

Student work schedule and outside study expected:	Other	Describe level of structure for student?	Describe level of supervisory support for student?
Schedule hrs/week/day:	Room provided <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> High	<input type="checkbox"/> High
Do students work weekends? <input type="checkbox"/> yes <input type="checkbox"/> no	Meals <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Do students work evenings? <input type="checkbox"/> yes <input type="checkbox"/> no	Stipend amount:	<input type="checkbox"/> Low	<input type="checkbox"/> Low
Describe the FW environment/atmosphere for student learning:			
Describe available public transportation:			

Types of OT interventions addressed in this setting (check all that apply):

<p>Occupations: Client-directed occupations that match and support identified participation level goals (check all that apply):</p> <p><i>ACOTE Standards C.1.8, C.1.11, C.1.12</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top; border: none;"> <p>Activities of Daily Living (ADL)</p> <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Toileting and toilet hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Swallowing/eating <input type="checkbox"/> Feeding <input type="checkbox"/> Functional mobility <input type="checkbox"/> Personal device care <input type="checkbox"/> Personal hygiene and grooming <input type="checkbox"/> Sexual activity</td> <td style="width:33%; vertical-align: top; border: none;"> <p>Instrumental Activities of Daily Living (IADL)</p> <input type="checkbox"/> Care of others/pets <input type="checkbox"/> Care of pets <input type="checkbox"/> Child rearing <input type="checkbox"/> Communication management <input type="checkbox"/> Driving and community mobility <input type="checkbox"/> Financial management <input type="checkbox"/> Health management and maintenance <input type="checkbox"/> Home establishment and management <input type="checkbox"/> Meal preparation and clean up <input type="checkbox"/> Religious / spiritual activities and expression <input type="checkbox"/> Safety and emergency maintenance <input type="checkbox"/> Shopping</td> <td style="width:33%; vertical-align: top; border: none;"> <p>Education</p> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Informal personal education needs or interests exploration <input type="checkbox"/> Informal personal education participation</td> </tr> <tr> <td style="vertical-align: top; border: none;"> <p>Rest and Sleep</p> <input type="checkbox"/> Rest <input type="checkbox"/> Sleep preparation <input type="checkbox"/> Sleep participation</td> <td style="vertical-align: top; border: none;"> <p>Leisure</p> <input type="checkbox"/> Leisure exploration <input type="checkbox"/> Leisure participation</td> <td style="vertical-align: top; border: none;"> <p>Work</p> <input type="checkbox"/> Employment interests and pursuits <input type="checkbox"/> Employment seeking and acquisition <input type="checkbox"/> Job performance <input type="checkbox"/> Retirement preparation and adjustment <input type="checkbox"/> Volunteer exploration <input type="checkbox"/> Volunteer participation</td> </tr> <tr> <td style="vertical-align: top; border: none;"> <p>Play</p> <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation</td> <td style="vertical-align: top; border: none;"> <p>Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance</p> <input type="checkbox"/> Preparatory tasks <input type="checkbox"/> Exercises <input type="checkbox"/> Physical agent modalities <input type="checkbox"/> Splinting <input type="checkbox"/> Assistive technology <input type="checkbox"/> Wheelchair mobility <p>Examples:</p> </td> <td style="vertical-align: top; border: none;"> <p>Social Participation</p> <input type="checkbox"/> Community <input type="checkbox"/> Family <input type="checkbox"/> Peer/friend</td> </tr> </table> <p>Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement</p> <input type="checkbox"/> Practicing an activity <input type="checkbox"/> Simulation of activity <input type="checkbox"/> Role play <p>Examples:</p>			<p>Activities of Daily Living (ADL)</p> <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Toileting and toilet hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Swallowing/eating <input type="checkbox"/> Feeding <input type="checkbox"/> Functional mobility <input type="checkbox"/> Personal device care <input type="checkbox"/> Personal hygiene and grooming <input type="checkbox"/> Sexual activity	<p>Instrumental Activities of Daily Living (IADL)</p> <input type="checkbox"/> Care of others/pets <input type="checkbox"/> Care of pets <input type="checkbox"/> Child rearing <input type="checkbox"/> Communication management <input type="checkbox"/> Driving and community mobility <input type="checkbox"/> Financial management <input type="checkbox"/> Health management and maintenance <input type="checkbox"/> Home establishment and management <input type="checkbox"/> Meal preparation and clean up <input type="checkbox"/> Religious / spiritual activities and expression <input type="checkbox"/> Safety and emergency maintenance <input type="checkbox"/> Shopping	<p>Education</p> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Informal personal education needs or interests exploration <input type="checkbox"/> Informal personal education participation	<p>Rest and Sleep</p> <input type="checkbox"/> Rest <input type="checkbox"/> Sleep preparation <input type="checkbox"/> Sleep participation	<p>Leisure</p> <input type="checkbox"/> Leisure exploration <input type="checkbox"/> Leisure participation	<p>Work</p> <input type="checkbox"/> Employment interests and pursuits <input type="checkbox"/> Employment seeking and acquisition <input type="checkbox"/> Job performance <input type="checkbox"/> Retirement preparation and adjustment <input type="checkbox"/> Volunteer exploration <input type="checkbox"/> Volunteer participation	<p>Play</p> <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation	<p>Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance</p> <input type="checkbox"/> Preparatory tasks <input type="checkbox"/> Exercises <input type="checkbox"/> Physical agent modalities <input type="checkbox"/> Splinting <input type="checkbox"/> Assistive technology <input type="checkbox"/> Wheelchair mobility <p>Examples:</p>	<p>Social Participation</p> <input type="checkbox"/> Community <input type="checkbox"/> Family <input type="checkbox"/> Peer/friend
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<p>Method of Intervention</p> <p>Direct Services/Caseload for entry-level OT</p> <input type="checkbox"/> One-to-one: <input type="checkbox"/> Small group(s): <input type="checkbox"/> Large group: <p>Discharge/Outcomes of Clients (% clients)</p> <input type="checkbox"/> Home <input type="checkbox"/> Another medical facility <input type="checkbox"/> Home health	<p>Outcomes of Intervention</p> <input type="checkbox"/> Occupational performance improvement and/or enhancement <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Prevention <input type="checkbox"/> Quality of life <input type="checkbox"/> Role competence <input type="checkbox"/> Participation <p>OT Intervention Approaches</p> <input type="checkbox"/> Create, promote health/habits <input type="checkbox"/> Establish, restore, remediate <input type="checkbox"/> Maintain <input type="checkbox"/> Modify, facilitate compensation, adaptation <input type="checkbox"/> Prevent disability	<p>Theory/Frames of Reference/Models of Practice</p> <input type="checkbox"/> Acquisitional <input type="checkbox"/> Biomechanical <input type="checkbox"/> Cognitive/Behavioral <input type="checkbox"/> Coping <input type="checkbox"/> Developmental <input type="checkbox"/> Ecology of Human Performance <input type="checkbox"/> Model of Human Occupation (MOHO) <input type="checkbox"/> Occupational Adaptation <input type="checkbox"/> Occupational Performance <input type="checkbox"/> Person-Environment-Occupation (PEO) <input type="checkbox"/> Person-Environment-Occupational Performance (PEOP) <input type="checkbox"/> Psychosocial <input type="checkbox"/> Rehabilitation frames of reference <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Other (please list):									
<p>Please list the most common screenings and evaluations used in your setting:</p>											
<p>Identify safety precautions important at your FW site</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Medications <input type="checkbox"/> Postsurgical (list procedures) <input type="checkbox"/> Contact guard for ambulation <input type="checkbox"/> Fall risk <input type="checkbox"/> Other (describe):</td> <td style="width:50%; border: none;"> <input type="checkbox"/> Swallowing/choking risks <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) <input type="checkbox"/> Sharps count <input type="checkbox"/> 1 to 1 safety/suicide precautions</td> </tr> </table>			<input type="checkbox"/> Medications <input type="checkbox"/> Postsurgical (list procedures) <input type="checkbox"/> Contact guard for ambulation <input type="checkbox"/> Fall risk <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Swallowing/choking risks <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) <input type="checkbox"/> Sharps count <input type="checkbox"/> 1 to 1 safety/suicide precautions							
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Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply): <i>ACOTE Standard C. 1.12</i>		
<p>Performance Skills:</p> <input type="checkbox"/> Motor skills <input type="checkbox"/> Process skills <input type="checkbox"/> Social interaction skills	<p>Client Factors:</p> <input type="checkbox"/> Values <input type="checkbox"/> Beliefs <input type="checkbox"/> Spirituality <input type="checkbox"/> Mental functions (affective, cognitive, perceptual) <input type="checkbox"/> Sensory functions <input type="checkbox"/> Neuromusculoskeletal and movement-related functions <input type="checkbox"/> Muscle functions <input type="checkbox"/> Movement functions <input type="checkbox"/> Cardiovascular, hematological, immunological, and respiratory system functions <input type="checkbox"/> Voice and speech functions; digestive, metabolic, and endocrine system functions; <input type="checkbox"/> Skin and related-structure functions	<p>Context(s):</p> <input type="checkbox"/> Cultural <input type="checkbox"/> Personal <input type="checkbox"/> Temporal <input type="checkbox"/> Virtual
<p>Performance Patterns:</p> <p>Person:</p> <input type="checkbox"/> Habits <input type="checkbox"/> Routines <input type="checkbox"/> Rituals <input type="checkbox"/> Roles		<p>Environment:</p> <input type="checkbox"/> Physical <input type="checkbox"/> Social
<p>Group or Population:</p> <input type="checkbox"/> Habits <input type="checkbox"/> Routines <input type="checkbox"/> Rituals <input type="checkbox"/> Roles		

Most common services priorities (check all that apply):			
<input type="checkbox"/> Direct service	<input type="checkbox"/> Meetings (team, department, family)	<input type="checkbox"/> Consultation	<input type="checkbox"/> Billing
<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Client education	<input type="checkbox"/> In-service training	<input type="checkbox"/> Documentation
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Intervention		

<p>Target caseload/productivity for fieldwork students:</p> <p>Productivity (%) per 40-hour work week:</p> <p>Caseload expectation at end of FW:</p> <p>Productivity (%) per 8-hour day:</p> <p>Number groups per day expected at end of FW:</p>	<p>Documentation: Frequency/Format (briefly describe) :</p> <p><input type="checkbox"/> Handwritten documentation:</p> <p><input type="checkbox"/> Computerized medical records:</p> <p>Time frame requirements to complete documentation:</p>
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<p>Administrative/Management Duties or Responsibilities of the OT/OTA Student:</p> <input type="checkbox"/> Schedule own clients <input type="checkbox"/> Supervision of others (Level I students, aides, OTA, volunteers) <input type="checkbox"/> Budgeting <input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/intervention-related items) <input type="checkbox"/> Participating in supply or environmental maintenance <input type="checkbox"/> Other:	<p>Student Assignments. Students will be expected to successfully complete:</p> <input type="checkbox"/> Research/EBP/Literature review <input type="checkbox"/> In-service <input type="checkbox"/> Case study <input type="checkbox"/> In-service participation/grand rounds <input type="checkbox"/> Fieldwork project (describe): <input type="checkbox"/> Field visits/rotations to other areas of service <input type="checkbox"/> Observation of other units/disciplines <input type="checkbox"/> Other assignments (please list):
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OPTIONAL DATA COLLECTION:

The question includes in this section may be used by academic programs to demonstrate compliance with the Accreditation Council for Occupational Therapy Education (ACOTE) Standards documentation for fieldwork.

1. Please identify any external review agencies that accredit / recognize this FW setting and year of accreditation/ recognition. Examples: JCAHO, CARF, Department of Health, etc. .

Agency for External Review: (name)

Year of most recent review:

Summary of outcomes of OT Department review:

Agency for External Review: (name)

Year of most recent review:

Summary of outcomes of OT Department review:

Agency for External Review: (name)

Year of most recent review:

Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached).
3. OT Curriculum Design Integrated with Fieldwork Site (insert key OT academic curricular themes here) *ACOTE Standards C.1.2, C.1.3, C.1.7, C.1.8, C.1.11, C.1.12*
 - a. How are occupation-based needs evaluated and addressed in your OT program??
 - b. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities?
 - c. Describe how psychosocial factors influence engagement in occupational therapy services.
 - d. Describe how you address clients’ community-based needs in your setting.
4. How do you incorporate evidence-based practice into interventions and decision making? Are FW students encouraged to provide evidence for their practice? *ACOTE Standards C.1.3, C.1.11*
5. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, and monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of an entry-level job description with essential job functions to the AFWC. *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9*
6. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) *ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19*
7. Describe the training provided for OT staff for effective supervision of students (check all that apply). *ACOTE Standards C.1.9, C.1.15, C.1.16*
 - Supervisory models
 - Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation–FWPE, the Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
 - Clinical reasoning
 - Reflective practice

Comments:

8. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

Supervisory Patterns–Description (respond to all that apply)

- 1:1 Supervision model:
- Multiple students supervised by one supervisor:
- Collaborative supervision model:
- Multiple supervisors share supervision of one student; number of supervisors per student:
- Non-OT supervisors:

9. Describe funding and reimbursement sources and their impact on student supervision.

STATUS/TRACKING INFORMATION SENT TO FACILITY:

Date:

ACOTE Standard C.1.6

Which documentation does the fieldwork site need?

Fieldwork Agreement/Contract?

OR

Memorandum of Understanding (MOU)?

Which FW Agreement will be used?: OT Academic Program Fieldwork Agreement Fieldwork Site Agreement/ Contract

Title of parent corporation (if different from facility name):

Type of business organization (Corporation, partnership, sole proprietor, etc.):

State of incorporation:

Fieldwork site agreement negotiator:

Phone:

Email:

Address (if different from facility):

Street:

City:

State:

Zip:

Name of student:

Potential start date for fieldwork:

Any notation or changes that you want to include in the initial contact letter:

Information Status *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.8,*

- New general facility letter sent:
- Level I Information Packet sent:
- Level II Information Packet sent:
- Mail contract with intro letter (sent):
- Confirmation sent:
- Model behavioral objectives:
- Week-by-week outline:
- Other information:
- Database entry:
- Facility information:
- Student fieldwork information:
- Make facility folder:
- Print facility sheet:

Revised 5/8/2019