

Improvement Plan for Fieldwork

Student's Name: _____

Date: _____

Instructor's Name: _____

Course Title and Number: _____

Area of Concern:

Warning:

Failing:

Areas Needing Improvement:

Improvement Plan Strategies (Mutual):

Criteria for Evaluation: Must be measurable with a deadline.

Student Signature

Date

OTA Instructor Signature

Date

Northwood Technical College
Occupational Therapy Assistant
Fieldwork Handbook

Note: This form will be completed when:

- 1. There are inconsistencies in the level of competency*
- 2. The student is not meeting the minimal level of competency*
- 3. There are identified concerns with safety or performance that are impacting client-centered care.*
- 4. There are identified concerns with professionalism.*
- 5. Performance or Behavior identified by the Fieldwork Educator as not meeting the facility required standard.*

A conference will be scheduled with the student, instructor, and Program Director at which time the student and the instructor will sign this form. The signature of the student denotes the Improvement Plan has been reviewed with the student. A copy of the report will be provided to the student and the OTA Program Director (Becky Mika, OTR/L, MBA-HCA) within 7 days. A copy will also be maintained in the student file with the instructor.

Inability to meet the goals of the improvement plan will result in course failure or termination of fieldwork.