

Fieldwork Site Profile:

Learning Opportunities and Resources

Please fill in and return to your affiliated university occupational therapy program.

Site and Contact Information

Name of site: _____

Name of program/sector: _____

Name of contact person: _____

Title of contact person: _____

Address: _____

Phone*: (____) _____ Fax*: _____

E-mail address*: _____

Web site: _____

- Supporting material about the site and occupational therapy services attached
(e.g. pamphlet, brochure, fact sheet)

**of contact person*

If you have any questions or comments, please contact your university representative:

Lisa McCorquodale PhD, OT Reg. (Ont.)
Assistant Professor & Fieldwork Coordinator
School of Occupational Therapy
Faculty of Health Sciences, Western University
Phone: 1-519-661-2111 Ext. 88978
Email: lmccorq@uwo.ca

A member of the Committee on University Fieldwork Education (CUFE), a sub-committee of the
Association of Canadian Occupational Therapy University Programs(ACOTUP)

Fieldwork Site Profile (FS-PRO): Learning Opportunities and Resources

Copy and complete for individual location or program as appropriate.

Name of program / site: _____

(if different from page 1):

Contact information if different from page one:

Location of occupational therapy services in the building:

Characteristics of Occupational Therapy Services:

1. Occupational therapy services are organized on: an O.T. department basis a program basis
 No O.T. on site other: _____

Description (e.g. the mission and vision of your organization, occupational therapy philosophy and role of occupational therapy within your organization):

2. System(s) / services in which you practice: Public sector Private practice
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Rehabilitation centre | <input type="checkbox"/> Outpatient clinic | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Long term care centre | <input type="checkbox"/> Home care | <input type="checkbox"/> Day hospital |
| <input type="checkbox"/> Insurance industry | <input type="checkbox"/> Community setting | <input type="checkbox"/> School |
| <input type="checkbox"/> Other: _____ | | |

3. Occupational therapy roles: Direct care Indirect care Consultation Research
 Administration Other: _____

4. Client life span: Children Adolescents Adults Older adults

Characteristics of Occupational Therapy Services (continued):

5. Client conditions: Mental health Physical health Combined Other

Please list common client issues:

6. Occupational therapy focus:

Please describe common areas of practice, interventions and programs:

7. Hours of operations: _____

8. Total number of occupational therapists working at/for your site:

Full Time: _____ Part Time: _____

9. Support personnel (e.g. OTAide, rehab assistant)? yes no If yes, how many: _____

Learning Opportunities and Resources for Students:

1. Access to a library (either on or off-site) : yes no
2. Internet access: yes no
3. Other learning opportunities and resources for students (*please list*):

(e.g. interprofessional contacts, field trips, resource binders):

4. Please state your general learning and performance expectations of students (other than the ones from the University) to assist them in preparing for fieldwork education at your site.

Administrative Resources:

1. Orientation session offered upon students arrival:

yes no, it will be available on (*specify date*): _____

2. Space and resources available to students (phone, desk, workstation, etc.):

3. Policies and procedures information available:

yes, location: _____

no, it will be available on (*specify date*): _____

4. Health and safety policy in place:

yes no, it will be available on (*specify date*): _____

5. Emergency procedures information available:

yes, location: _____

no, it will be available on (*specify date*): _____

6. Contingency plan available (for absent fieldwork educator during placement):

no, it will be available on (*specify date*): _____

yes. Please outline its major characteristics:

Administrative Resources (continued):

7. Continuing education plan in place for occupational therapists on site:

no, it will be available on (*specify date*): _____

yes. Please outline its major characteristics:

Please outline your site's continuing education policy or describe how occupational therapists remain current in issues that impact their professional practice. Also, describe use of evidence based practice:

Amenities Available to Students:

1. Cafeteria: yes no

2. Kitchen facilities: microwave oven refrigerator other: _____

3. Locker: yes no

4. Bicycle rack: yes no

5. Parking: yes, cost: _____ no

6. Public transportation available: yes no

7. Other (*please list*):

(e.g. accommodation for students)

Site Requirements for Students:

1. Immunization: yes no If yes, specify in box below.
2. Criminal / police record check: yes no If yes, specify in box below.
3. Dress code: yes no If yes, specify in box below.
4. A car is required during placement hours: yes no
 If yes, describe the site "gas reimbursement" policy for OT students, in the box below.

Please specify additional information and/or requirements (e.g. mask fit testing):

Message to Students:

Please add anything else you would like students to know or prepare for prior to starting a placement at your site.

Pre-placement information package sent to student (e.g. reading list or material, schedule): yes no

Signatures:

Profile completed by: _____ date: _____
(Name and title)

My organization wishes to offer placements to occupational therapy students from:

my affiliated University Canadian universities International O.T. programs

For fieldwork education purposes, I hereby authorize my affiliated university occupational therapy program to forward the information included in the FS-PRO to students and fieldwork coordinators from other occupational therapy programs.

I shall ensure that students will be supervised by qualified occupational therapists that have a minimum of one year of professional experience, and hold credentials with their provincial regulatory body.

Signature: _____ date: _____