**Grand Valley State University**

**Occupational Therapy Program**

**LEVEL I STUDENT / FIELDWORK EDUCATOR WEEKLY REVIEW**

Site: Week #: \_\_\_\_ Date:

Student: Fieldwork Educator:

**STRENGTHS (what went well)**

**GROWTH AREAS (what can be improved)**

**GOALS FOR NEXT WEEK (MEETINGS, ASSIGNMENTS DUE, ETC**

**GOAL RESULTS.**