**Bryant & Stratton Occupational Therapy Assistant Program**

**Level II Fieldwork**

**Student/Supervisor Weekly Review Form**

**Week #\_\_\_\_\_\_ Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fieldwork Educator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Strengths**

**Areas for growth**

**Goals for next week**

**Meetings/assignments/projects due**