Appendix B: Fieldwork Site Profile

University of Alberta
Department of Occupational Therapy
SITE PROFILE FOR FIELDWORK

Please complete and send to: michelle.green@ualberta.ca

A. SITE AND CONTACT INFORMATION

1. Name of Facility: ___
   Address: ___

   Website (if applicable):

   Please provide a brief description of your facility:

2. Site OT Coordinator or, if no OT on site, person responsible for Student Fieldwork experiences:
   Name:
   Title:
   E-mail address:
   Telephone #: Fax #:
   Is this person the Destination Coordinator in HSPnet? Yes ___ No ___

3. Person to whom correspondence regarding fieldwork should be directed, if different than above:
   Name:
   Title:
   E-mail address:
   Telephone #: Fax #:
   Is this person the Destination Coordinator in HSPnet? Yes ___ No ___
### B. SERVICE AREA DESCRIPTIONS

<table>
<thead>
<tr>
<th>Service Area Description:</th>
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<tbody>
<tr>
<td>(i.e., mental health, neuro service, medicine service, research, admin, etc)</td>
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<tr>
<th>Practice Setting</th>
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<tbody>
<tr>
<td>(i.e., acute care, day hospital, rehab service, community health, LTC, industry, private OT practice, other public sector, etc)</td>
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<tr>
<th>Staffing – # of OTs assigned to service (full &amp; part-time)</th>
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<tr>
<th>Staffing – # of support personnel assigned to service</th>
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<tr>
<th>Age Range of Clients</th>
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<tr>
<th>UofA Use Only</th>
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#### 1.

**Common Client Issues:**

**Common Areas of OT Practice and Interventions:**

#### 2.

**Common Client Issues:**

**Common Areas of OT Practice and Interventions:**

#### 3.

**Common Client Issues:**

**Common Areas of OT Practice and Interventions:**
C. STUDENT REQUIREMENTS
(NOTE: Students are required to have current CPR, up to date immunizations, Mask Fit Testing, and criminal record checks at start of program)

4. Is a car required?   No ___    Yes ___,  If yes, full time ___ or part-time ___
5. Dress Code:

6. Pre-Reading? Please indicate or attach information:

7. Other requirements? Please state:

D. STUDENT AMENITIES (Please add details, as needed, below each amenity for further explanation)

8. Parking?   Yes ___   No ___  Details: _______________________________________

9. Close to transit?   Yes ___   No ___  Details: _______________________________________

10. Bicycle Rack?   Yes ___   No ___

11. Orientation binder?   Yes ___   No ___

12. Student binder?   Yes ___   No ___

13. Desk/work space?   Yes ___   No ___

14. Own laptop required?  Yes ___   No ___

15. Internet access?   Yes ___   No ___

16. Cafeteria?   Yes ___   No ___

17. Kitchen facilities: Microwave oven ___, Refrigerator ___, Other: ______________________

E. MESSAGE TO STUDENTS/OTHER INFORMATION:
(Please add anything else you would like students to know or prepare for prior to starting a placement at your site).