# **Fieldwork Site Profile:**

## Learning Opportunities and Resources

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

### **Site and Contact Information**

lame of site:	
lame of program/sector:	
lame of contact person:	
itle of contact person:	
ddress:	
/hone*: () Fax*:	
-mail address*:	
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Characteristics of Occupational Therapy Services (continued):	

### **Administrative Resources:**

١.	Orientation	n session offered upon students arrival:
	yes	no, it will be available on (specify date):
2.	Space and	d resources available to students (phone, desk, workstation, etc.):
3.	Policies ar	nd procedures information available:
	yes, loc	ation:
	no, it wil	Il be available on (specify date):

<b>Administrative Res</b>	ources (continued):
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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:

## **Amenities Available to Students:**

1	Cafeteria:	VAC	no
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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):

Site Requirements for Students:
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
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Please specify additional information and/or requirements (e.g. mask fit testing):
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Message to Students:  Please add anything else you would like students to know or prepare for prior to starting a placement at your site.
riease and 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: date:
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.
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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.