D-6 OTD Apprenticeship Objectives and Evaluation

Student: ___________________   Doctoral Chair: __________________________

Part A: For 3 week Experience

Due: to Joanne Morrissey, OTD Coordinator, by Day 2 of the experience

Location of the Apprenticeship Experience:  WUOT

Objectives for the 3 Week Experience (one required):
1.
2.
3.

Signatures:
Student: ___________________ Date: ________________
Mentor: ___________________ Date: ________________

Part B: For 13 or 16 Week Experience

Due: to Joanne Morrissey, OTD Coordinator, by Week 2 of the experience

Location of the Apprenticeship Experience:

Site Supervisor and Qualifications:

Objectives for the 13 or 16 Week Experience (three required):
1.
2.
3.
4.
5.
6.  

7.  

**Continue numbering if more objectives are necessary.**  

I agree with the objectives and feel that all learning objectives are obtainable within the apprenticeship timeframe. Additional objectives can be added as the situation and experience dictate.  

**Signatures:**  

Student: ________________________________ Date: ____________  

Supervisor: ________________________________ Date: ____________  

Mentor: ________________________________ Date: ____________  

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**Part C: Midterm**  

**Due:** Week 6 of the 13-week experience or Week 8 of the 16-week experience.  

**Submit to Joanne Morrissey, OTD Coordinator.**

<table>
<thead>
<tr>
<th>Obj#:</th>
<th>Status/Progress to Date: (1) Accomplished (2) Making Progress (3) Not Progressing-Needs Attention Contact WUOT Doctoral Chair</th>
<th>Comments:</th>
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<td>7.</td>
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**Continue numbering if more objectives are necessary.**

We have reviewed Part C and agree that the student is making progress and is passing at midterm. If student is not meeting the objectives, the OTD doctoral mentor has been contacted.
**Signatures:**

Student: ___________________________ Date: __________

Supervisor: ___________________________ Date: __________

Mentor: ___________________________ Date: __________

**Part D: Final**

**Due:** At the end of the 13-week experience or the 16-week experience.

Submit to Joanne Morrissey, OTD Coordinator.

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<tr>
<th>Obj#:</th>
<th>Status/Progress to Date:</th>
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<tbody>
<tr>
<td></td>
<td>(1) Met</td>
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<td>(3) Not Met (Explanation Required)</td>
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<tr>
<td></td>
<td>Contact WUOT Doctoral Chair</td>
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<th>Comments:</th>
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</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 

Continue numbering if more objectives are necessary.

**Supervisor evaluation of student performance** Please comment on students’ achievement for each objective. If not met, please identify reasons.
**Student evaluation of supervisor, experience and self** (please comment on this experience, supervisory relationship and your individual performance.)

Please Check one:

- [ ] We have reviewed the final evaluation and agree that the student has fulfilled the objectives for Apprenticeship. PASSED

- [ ] We have reviewed the final evaluation and agree that the student has NOT fulfilled the objectives for Apprenticeship. DID NOT PASS