The University of Findlay Master of Occupational therapy Programs

Fieldwork Objectives Agreement

Please	e review and check one:			
	I have read and reviewed the Cour Objectives. I WILL USE THESE OBJECT Findlay.	•		
	I have read and reviewed the Course Syllabus for the Level I Fieldwork Objectives. I WILL USE THE FACILITY-GENERATED OBJECTIVES that will be sent to the Academic Fieldwork Coordinator at The University of Findlay's Occupational Therapy Program for review.			
Signat	ture, OT Fieldwork Educator Coordinator			
~-6	,			
Print Name				
Facilit	ty Name			
Facilit	ty Address:			
	•			
Date				