WEEKLY PLANNING FORM

 Student Name:

 Clinical Instructor:

Week #: _____ Dates: _____

When completing this form, consider the 5 performance dimensions: quality, supervision/guidance, consistency, complexity of tasks/patient/environment, and efficiency.

Student Review of the Week: (Include things that went well as well as things that can be improved upon)

<u>CI Review of the Week:</u> (Please contact the DCE if the student is not progressing in a reasonable manner)

<u>Goals for the upcoming week:</u> (Goals should be SMART: specific, measurable, achievable, reasonable, and time-specific)

1.

2.

3.