

Weekly Planning Form

Dates: _____ Week Number: _____

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

STUDENT'S REVIEW OF THE WEEK:

CI'S REVIEW OF THE WEEK:

GOALS FOR THE UPCOMING WEEK OF _____

Student: _____ Clinical Instructor: _____