

ANGELO STATE UNIVERSITY
College of Health and Human Services
Doctor of Physical Therapy Program

Weekly Activity Log

Student _____ Date _____

Facility _____ Week # _____

Complete this log on a weekly basis. Have the Clinical Instructor review and sign logs prior to mailing. The logs are to be returned to the ACCE every two weeks. Use additional page if more space is required.

I. Patient Contact: List the types of patient dysfunctions/pathology you evaluated or treated. Indicate if it was an initial evaluation or re-evaluation.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

II. Continuing Education (inservices, field trips, observation in other departments, videos, reading assignments—list topic and source, etc)

- 1.
- 2.
- 3.
- 4.
- 5.

III. Topics Discussed with Clinical Instructor (treatment ideas, patient problems, student strengths/weaknesses, CI strengths/weaknesses, etc. BE SPECIFIC)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Clinical Instructor's Signature _____ Date _____