

WEEKLY PLANNING FORM

Date: _____ Week Number _____

Student's Review of the Week	
When completing this form, consider the five (5) performance dimension: quality of care,
supervision/guidance required, consistency of pefficiency of performance.	erformance, complexity of tasks/environment, and
Clinical Instructor's Review of th	e Week
When completing this form, consider the five (5 supervision/guidance required, consistency of pefficiency of performance.) performance dimension: quality of care, erformance, complexity of tasks/environment, and
Goals for the Upcoming Week of	f
Student's Signature	CI Signature