Weekly Planning Form

Dates: ____________________  Experience Week Number: _________

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

CI’S REVIEW OF THE WEEK
When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

GOALS FOR THE UPCOMING WEEK OF ________________________________

Student’s Signature ____________________  CI Signature ____________________

---