

Weekly Planning Form  
Clinical Instructor / Student Feedback Form

Clinical Practicum    1    2    3    4    Week number\*:    1    2    3    4

STUDENT:    Name: \_\_\_\_\_ Class of: \_\_\_\_\_ Today's date \_\_\_\_\_

Facility: \_\_\_\_\_ Setting: \_\_\_\_\_

Identify at least three (3) things you feel **you** did well on or went well this week:

- \*
- \*
- \*

Identify at least three (3) things **you** would like to focus on improving next week:

- \*
- \*
- \*

Identify ways you feel your CI was helpful to you this week: (ideas- active listening, clear communication, open communication, interactive problem solving, accessible, facilitated relationships with staff/patient, adequate time provided, encouraged self-reflection; adjusted to your needs, positive role model, etc.)

- \*
- \*
- \*

List ideas that may benefit your learning/professional growth:

- \*
- \*
- \*

CLINICAL INSTRUCTOR (CI): Name: \_\_\_\_\_ Second CI: \_\_\_\_\_

Identify positive qualities and behaviors your student demonstrated this week

- \*
- \*
- \*

Identify areas you feel your student needs to focus on improving in upcoming week(s):

- \*
- \*
- \*

List ideas that may benefit your student's learning/professional growth:

- \*
- \*
- \*

\*This form is required the first three (3) weeks for CP 1 and the first four (4) weeks for CP 2-4.