Weekly Planning Form / Required first four weeks
Clinical Instructor / Student Feedback Form

<table>
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<th>Clinical Practicum</th>
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<th>Week number:</th>
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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:
* *
* *

Email form to serranom@musc.edu

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