

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:

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

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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.)

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List ideas that may benefit your learning/professional growth:

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CLINICAL INSTRUCTOR (CI): Name: _____ Second CI: _____

Identify positive qualities and behaviors your student demonstrated this week

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

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

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