

**SAMPLE**

**Weekly Planning Form<sup>a</sup>**

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 \_\_\_\_\_

<sup>a</sup>APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-7.