Required Weekly Planning Form
Clinical Instructor / Student Feedback Form

| Clinical Practicum | 1 | 2 | 3 | 4 | Week number: | 1 | 2 | 3 | 4 | ______ |

STUDENT: Name: _____________________________________ Class of: ________

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.)

List ideas that may benefit your learning/professional growth:

Clinical instructor name: _______________________ Facility: ____________________________

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: