

**Weekly Planning Form**

Dates: \_\_\_\_\_

Week # \_\_\_\_\_

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**Step I: Student assessment of previous week's goals. Provide supporting examples and/or feedback regarding performance where possible. (Ignore this section if this is your first week of the clinical assignment).**

**Knowledge Goal 1:**

**Skills Goal 2:**

**Affective Goal 3:**

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**Step II: Clinical Instructor feedback and suggestions for improvement** (clinical instructor should contact DCE if student is not progressing in a reasonable fashion regarding weekly goals):

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**Step III: Mutually agreed upon goals for the Upcoming Week:**

**Knowledge Goal 1:**

**Skills Goal 2:**

**Affective Goal 3:**

**Student's Signature:** \_\_\_\_\_

**Clinical Instructor's Signature:** \_\_\_\_\_

Revised 5/1/2007