PHYSICAL THERAPY PROGRAM – CLINICAL EDUCATION

Weekly Planning Form (Weeks 1-6) Week # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step I: Student assessment of performance.**

* **For student’s first week, write goals consistent with self-assessment.**
* **For future weeks, direct self-assessment at previous week’s goals.**
* **Provide supporting examples and/or feedback regarding performance where possible.**

**Knowledge Goal 1:**

**Skills Goal 2:**

**Affective Goal 3:**

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

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

**Knowledge Goal 1:**

**Skills Goal 2:**

**Affective Goal 3:**

 **By checking this box and signing below, I verify as the Clinical Instructor that I have collaborated**

 **with the student and agree with the Goals and Feedback written above.**

**Clinical Instructor’s Signature (typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature (typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**