

SAMPLE

WEEKLY PLANNING FORM

Dates: _____ Week Number: _____

Student’s Review of the Week

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency, complexity of tasks/ environments, 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, complexity of tasks/ environments, and efficiency of performance.

Goals for the Upcoming Week of _____

Student’s Signature _____

CI Signature _____