

**Supervision Checklist**  
**Week 2-12**

Weekly Summary for \_\_\_\_\_ (student's name)

Date: \_\_\_\_\_

What opportunities did you provide for student in each category this week?

Opportunity	Brief description of client diagnosis, procedure or tool	Feedback provided to student:
Observation		
Hands on participation with feedback		
Activity/ Task Analysis		
Treatment plan writing		
Assessment/ Screening procedures		
Clinical Reasoning		
Discharge planning		
Patient/ Caregiver Education		
In-service/ Case Study or Research		
Other		

Strengths:

Weaknesses:

Suggestions to student for self-improvement: