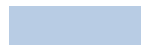


The CI and PT student each complete their section of the form each week, then meet to compare and discuss.

Clinical week this form addresses:	
Dates of upcoming week:	
Name of Student:	
Name of CI:	

Summary of previous week:

(including as relevant: progress, areas for improvement, feedback)

Student:**CI:****Goal(s)/objectives for upcoming week:****Planned Learning Experiences for upcoming week:**

CI signature:		Date:	
Student signature:		Date:	