Full-Time Internship Weekly Planning Form

Instructions: To be used to focus learning, promote realistic self-appraisal, provide timely feedback, stimulate professional growth and clarify expectations on a weekly basis. Student is to complete all sections marked “Student” prior to meeting with Clinical Instructor. Clinical Instructor is to review and make any additional comments or changes.

Week # ______ Dates: __________________

1. Complete the following statement:
   “This past week went…” a. poor      b. so-so      c. well      d. great

2. Student: Summary of Previous Week: Note progress, achievements, feedback on previous goals, etc.

3. Student: Identify two skills, behaviors, goals that I would like to work on during this week:
   a. 
   b. 

4. Student: Identify one way in which my Clinical Instructor can assist in my learning:

5. Clinical Instructor: Notes on progress, achievements, feedback, if different from above:

6. Clinical Instructor: Identify one way in which the student can improve during the next week:

7. Student: Goals for the upcoming week:

Student Signature: ______________________ CI Signature: ______________________

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