

Weekly Planning Form

Student Name:

Site:

CI name:

Dates covered by this reflection:

Experience Week Number:

Student's review of the week: Please self-assess your performance this week and provide summary of your performance this week. As you write your summary, please include consideration of the five performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment (including complexity of patient case) and efficiency of performance.

CI's review of student performance for the week: Please provide summary of student's performance this week. As you write your summary, please include consideration of the five performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment (including complexity of patient case) and efficiency of performance.

Student feedback to CI: Please provide a summary of your interaction/mentoring with CI. Are there elements that you would like CI to do differently? Is your CI meeting your learning needs? Any other feedback to your CI?

Achievement of last the previous week's goals:

Goals for the upcoming week:

Student signature
(can be electronic)

CI signature
(can be electronic)