Shenandoah University
Division of Physical Therapy
Weekly Planning Form

Student Name: ______________________   CI Name: ______________________
Dates: _____________________________  Week # __________

Student Summary of Previous Week: (Progress, Feedback, Areas that need improvement, Plan for improvement)

CI Summary of Previous Week: (Progress, Feedback, Areas that need improvement, Plan for improvement)

Goals for the Upcoming Week:

Student’s Signature/Date ______________________
Clinical Instructor’s Signature/Date ______________________