

Clinical Site Name: _____

CI Name: _____

Student Name: _____

Date of Meeting: _____

Week 1-9: _____

CI to complete:

Strengths and/or areas of improvement:
Areas that need to be focus for next week:
Comments:

Student to complete:

Areas that I feel more confident with this week:
Areas that need to be the focus for next week:
Comments:

Both CI and Student to complete:

IPE or PT/PTA team participation and/or special experiences: (Surgeries, in-services, seminars, etc.)
Goals for upcoming week: