**Weekly Summary Planning Form**

Student: CI:

Date: Week Number:

*When completing this form consider the five performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.*

**Student’s Review of the Week:**

Strengths:

Areas to Improve:

Comment on objectives from last week (what were met/not met; if not met, identify why and strategies you plan to use in the coming week to meet the objective):

Feedback to CI on teaching methods:

**CI’s Review of the Week:**
Student Strengths:

Student Areas to Improve:

**CI and Student Common Goals for the Upcoming Week (use ABCD format; student to write in collaboration with CI):**

Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_