

Weekly Planning Form

Date: _____

Week Number: _____

Student: _____

CI: _____

Student's review of the week (consider goals from previous week, performance dimensions from CPI: quality, supervision/guidance, consistency, complexity, efficiency)

Strengths (what went well):

Areas to improve:

CIs review of the week (consider goals from previous week, performance dimensions from CPI: quality, supervision/guidance, consistency, complexity, efficiency)

Strengths (what went well):

Areas to improve:

Goals from last week: (Indicate if met or continued)

Goals for upcoming week:

Effectiveness of Teaching/Supervision/Feedback:

Student's signature: _____

CI's signature: _____



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