

**Massachusetts General Hospital
PT and OT services**

Weekly Planning Form

Student:

CI:

Date:

Week # of experience:

Rotation/Service:

CI's Review of the Week: (describe: # of new evals and level of supervision, # of follow ups and level of supervision, new diagnosis and learning experiences of the week, how have you adjusted your supervision to meet the students needs)

Progress toward goals of the previous week:

Goals for next week:

Strategies to achieve goals:

CI Responsibilities:

Student Responsibilities:

SUPERVISION PLAN: (how will supervision change if at all this week as you gain in your independence)

