

**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)

