This form is provided as a suggested guide for weekly planning with students and as a means for eliciting directed feedback about clinical instruction.

Student ____________  
Week ____ of ____

WEEKLY REVIEW FORM

1. Orientation  
   a. adequate/inadequate  
   b. areas that still need to be covered

2. Case load  
   a. too heavy/too light  
   b. patient type(s)

3. Supervision and feedback  
   a. level: too much/too little  
   b. style  
   c. timing

4. Feedback to clinical instructor  
   a. too much/too little  
   b. timing; style

5. Specific performance  
   a. examinations/evaluations  
   b. interventions
c. documentation

d. time management

e. communication skills

f. professional behavior

g. administrative, consultative, other responsibilities

6. Things I did really well:

7. Things I could have done a better job with:

8. Plans for additional learning experiences, inservice, etc.

9. Goals and plans
   a. by end of affiliation

   b. by midterm

   c. by next week