## WEEKLY PLANNING FORM

Student		_ CI Name	CI Name(s)		
Rotation # /	Week #	/	Date:		
Things I did really wall:					
Things I did really well:					
Things I could have done a better job with:					
Things my CI could do to help me:					
My goals and plans					
For next week		For the	For the end of the rotation		
CI Comments					

Student Signature \_\_\_\_\_

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