

**Mercy College of Health Sciences
Physical Therapist Assistant Program**

WEEKLY PLANNING FORM

Date: _____ Week Number: _____

Consider 5 performance dimensions:

- | |
|---|
| <ol style="list-style-type: none">1. Quality of care2. Consistency of performance3. Complexity of tasks/environment4. Efficiency of performance5. Supervision / guidance required |
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Student Review of the week:

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CI's Review of the week:

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Goals for upcoming week of:

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Student Signature: _____

CI Signature: _____

Please return to Alissa Thompson, PTA, BA, Academic Coordinator of Clinical Education
Email: athompson2@mercydesmoines.org
Dropbox: Available in D2L
Fax: 515-643-6698