

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

**WEEKLY PLANNING FORM**

**Date:** \_\_\_\_\_ **Week Number:** \_\_\_\_\_

**Consider 5 performance dimensions:**

- 1. Quality of care**
- 2. Consistency of performance**
- 3. Complexity of tasks/environment**
- 4. Efficiency of performance**
- 5. Supervision / guidance required**

**Student Review of the week:**

**CI's Review of the week:**

**Goals for upcoming week of:**

**Student Signature:** \_\_\_\_\_

**CI Signature:** \_\_\_\_\_

Please return to Justin Helbing, PTA, MA, Academic Coordinator of Clinical Education  
Form Submission: via the Assignments link in Canvas  
Email: [justin.helbing@mchs.edu](mailto:justin.helbing@mchs.edu)