**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 Alissa Thompson, PTA, BA, Academic Coordinator of Clinical Education**

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