

Student Weekly Assessment/Check In

Student Name: _____

It is recommended each week, that the CI assess the student and the student self-assess.

KEY: Performs automatically = Exceeds Expectations; On Track - keep giving effort = Meets Expectations;

Developing but not on par - needs focused attention = Just below expectations; Let's have a focused discussion = Below Expectations

Write which week of the student experience you are summarizing, date, and place a checkmark in each row which closely aligns how the student is doing.	Week # ____ Date: _____				Week # ____ Date: _____				Week # ____ Date: _____				Week # ____ Date: _____			
	Performs automatically	On Track - keep giving effort	Developing but not on par - needs focused attention	Let's have a focused discussion	Performs automatically	On Track - keep giving effort	Developing - suggest giving much intentionality	Let's have a focused discussion to help	Performs automatically	On Track - keep giving effort	Developing - suggest giving much intentionality	Let's have a focused discussion to help	Performs automatically	On Track - keep giving effort	Developing - suggest giving much intentionality	Let's have a focused discussion to help
1	Safety															
2	Professional Behavior - Accountability															
3	Communication															
4	Professional Development															
5	Clinical Reasoning															
6	Examination - Evaluation															
7	Diagnosis - Prognosis - Plan of Care															
8	Procedural Interventions															
9	Educational Interventions															
10	Documentation															
11	Direction and Supervision of Personnel															
12	Time Management															

Student Name: _____

Write which week of the student experience you are summarizing, date, and summarize goals/thoughts	Week # ____ Date: _____		Week # ____ Date: _____		Week # ____ Date: _____		Week # ____ Date: _____		Week # ____ Date: _____	
Does the student feel they had adequate feedback from Clinical Instructor?	Yes ____	No ____	Yes ____	No ____	Yes ____	No ____	Yes ____	No ____	Yes ____	No ____
Goals - Objectives for the following week:										
Student Comments:										
CI Comments:										
Initials (indicate discussed)	Student ____	CI ____	Student ____	CI ____	Student ____	CI ____	Student ____	CI ____	Student ____	CI ____

PERFORMANCE DIMENSIONS*

For Student (and CI if needed) Consideration when performing Weekly Assessment

Supervision/guidance: refers to the level and extent of assistance required by the student to achieve entry-level performance.

➤ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.

Quality: refers to the degree of knowledge and skill proficiency demonstrated.

➤ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

Complexity: refers to the number of elements that must be considered relative to the patient, task, and/or environment.

➤ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.

Consistency: refers to the frequency of occurrences of desired behaviors related to the performance criterion.

➤ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Efficiency: refers to the ability to perform in a cost-effective and timely manner.

➤ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

* American Physical Therapy Association. Physical Therapist Clinical Performance Instrument for Students; June 2006; ISBN # 1-931369-25-9; © 1997, 2006

The following 2 pages are available for your use if you don't like placing 5 weeks of comments on one page. Note it is the same structure as page 2 of the weekly summary sheet as above.

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Does the student feel they had adequate feedback from Clinical Instructor?	Yes ____	No ____	Yes ____	No ____	Yes ____	No ____
Goals - Objectives for the following week:						
Student Comments:						
CI Comments:						
Initials (indicate discussed)	Student ____	CI ____	Student ____	CI ____	Student ____	CI ____

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Does the student feel they had adequate feedback from Clinical Instructor?	Yes _____	No _____	Yes _____	No _____
Goals - Objectives for the following week:				
Student Comments:				
CI Comments:				
Initials (indicate discussed)	Student _____	CI _____	Student _____	CI _____