**Bellarmine University Weekly Planning Form**

**Date:**

**Week Number:**

**Student**:

**Student Review of the week:** (Think performance dimensions – quality of care, supervision/guidance required, consistency of performance, complexity, and efficiency)

**CI Review of the week:** (Think performance dimensions – quality of care, supervision/guidance required, consistency of performance, complexity, and efficiency)

**Goals for upcoming week:**

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