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**Weekly Feedback from Clinical Educator**

► To be filled out weekly by the Clinical Educator and discussed with the student

► Optional on the weeks of the Student Mid-term and Final Evaluations

**General Information**

|  |  |
| --- | --- |
| Name of Student |  |
| Site |  |
| Practicum Week (Include number and dates) |  |

**Strengths**

|  |
| --- |
|  |

**Area(s) to Improve Action Plan**

|  |  |
| --- | --- |
|  |  |

**Other (optional)**

|  |
| --- |
|  |

**Original Signatures**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Clinical Educator** |  | **Student** |  | **Date** |  |
|  |  |  |  |  |  |  |

**If more than one CE or student**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Clinical Educator** |  | **Student** |  | **Date** |  |
|  |  |  |  |  |  |  |