

Weekly Goals and Summative Report

Clinical Internship PT 791 792 or 793 (*circle one*)

Student Name:

CI Name:

Facility Name:

DATES:

Please submit signed form each week except the midterm and final week to BlackBoard

Weekly summary forms are due **Fridays at Midnight**

Co-DCE:

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Student Summary of Previous Week:

Summarize your strengths and weaknesses this week:
Summarize the patient population you have seen (Age range, diagnoses, number of treatments/Evaluations)
Describe the level of difficulty of the patient population:
Describe any new skills learned this week that enhanced your performance as a PT?
<u>Write up to 4 Measurable Goals for Upcoming Week for what you want to learn/see/do</u>
1.
2.
3.
4.

Which of the following SBIRT components have you employed during this week’s clinical experience? (*Indicate the number of patients in each box, or if not performed at all*)

Pre-Screen	Measures	Motivational Interviewing	Negotiate/Refer to Treatment	Not Performed (circle if true)
#:	#:	#:	#:	

Clinical Instructor: Please use this section to document/comment on student’s progress this week, any modifications to their goals if necessary, or note any areas of strength/weakness

Clinical Instructor: Please indicate Yes or NO:

Do you have any concerns regarding this student’s safety awareness/practice? If yes- please describe:	Yes	No
Do you have any significant concerns regarding the student’s progress towards performance goals and objectives outlined in the course syllabus for this experience? If Yes, Please describe-	Yes	No
Would you like the DCE to contact you regarding this student? If yes- please provide best phone number-	Yes	No

Student Signature: _____ CI Signature: _____
Date: _____