

**S-LP CLINICAL SKILLS WEEKLY FEEDBACK FORM**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Practicum Placement: \_\_\_\_\_

Week of Practicum: \_\_\_\_\_

This form may be used to provide feedback to the student regarding his/her clinical skills over the past week and to determine a plan of action for the following week. This form should be reviewed with the student in person.

**Strengths****Skills/Areas to Work On****Plan of Action (e.g., clinical skills to target next week, material/test preparation for next week, etc.)**