

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.)