Weekly Goals and Summative Report

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

Student Name:

CI Name:

Facility Name:

DATES:

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

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

Co-DCE:

Ashley N. Mason, PT, DPT, ATC, PCS

304-696-5605

304-523-7736 (f)

[Arnott2@marshall.edu](mailto:Arnott2@marshall.edu)

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? |
| *Write up to 4 Measurable Goals for Upcoming Week for what you want to learn/see/do*  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: