



MedStar Health

Student Weekly Assessment

Date: _____

Week # _____

Types of patients worked with/observed:

Learning experiences of the past week:

Clinical Instructor assessment of student performance:

Student self-assessment of performance:

Student assessment of supervision:

Goals/objectives for the following week:

Student Signature: _____

Clinical Instructor Signature: _____

Adapted from the APTA Clinical Instructor Credentialing Course