



Physical Therapist Assistance Program Weekly Communication Form

Facility: _____

CI: _____ Student: _____

Week (please circle): 1 2 4 5 (week 3 and 6 are done on the CPI)

Clinical Instructor	Student
Strengths and/or areas of improvement:	Areas that feel more confident with this week:
Areas that need to be focus on for next week:	Areas that need to be focus on for next week:
Comments:	Comments:
PT/PTA Team Participation and/or Special Experiences: (Surgeries, in-services, seminars, etc.)	
Goal(s) for upcoming week:	

Student Signature

Date

Clinical Instructor Signature

Date