** WEEKLY PROGRESS REVIEW TOOL**

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| --- | --- | --- | --- |
| **Student** |  | **Date** |  |
| **Educator** |  | **Placement week** |  |
| **Context/ setting** |  | **Placement** | **A B C** (delete as appropriate) |
| **Current main strengths** |  |
| **Key areas for improvement** |  |
| **Issues of concern relating to placement** |  |
| **Issues of concern external to placement** |  |
| **WEEKLY FEED FORWARD (SMART goals linked to domains)** |
| **Health care professionalism** |  | **Process for Nutrition and Dietetic practice** |  |
| **Communication** |  | **Quality** |  |
| **What support is needed to achieve these goals** |  |
| **Progression as expected** | **YES/ NO** (delete as appropriate) |
| **Additional educator comments:** |
| **Student signature** |  | **Date** |  |
| **Educator signature** |  | **Date** |  |