** WEEKLY PROGRESS REVIEW TOOL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |