## Governors State University Department of Communication Disorders University Park, IL 60484-0975

## GSU PRACTICUM SUPERVISOR GRADE REVIEW

## Please print the following information:

Director of Clinical Education

Student Name:			
GSU Supervisor:			
Site:			
Site Supervisor:			
Please indicate the pr	acticum:		
Special Populations	Public School Mo	edical Setting	
		ew is taking place and whic ne student is participating:	h
Midterm	Final	Other	
First practicum	Second practicum	Third practicum	
conversations/interaction		observations of the student, an student's progress is judged as <b>r lower</b> .	
Describe areas of conce	<u>rn</u> [Separate narrative :	may be attached.]	
List Goals &/or Strateg	ies for Improvement		
Recommendation(s):	↑ Weekly feedback from ↑ Refer to GSU Clinica ↑ Other  Describe	m GSU and/or Site Supervisor ll Team	·(s)
Signature of GSU Super	rvisor	 Date	
cc: Student Site Supervisor			