

**GOVERNORS STATE UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS**

Student Evaluation of University Supervisor

GSU Supervisor: _____ **Term:** _____

Practicum: _____ **Site:** _____

SA = Strongly Agree A = Agree N = Neutral
D = Disagree SD = Strongly Disagree NA = Not applicable

1. The GSU supervisor served as a liaison between the Communication Disorders department and me in regard to questions pertinent to this practicum experience

SA A N D SD NA

2. The GSU supervisor served as a liaison between the staff at the site and me in regard to specific problems which arose during the practicum.

SA A N D SD NA

3. The GSU supervisor periodically observed my evaluation/treatment and provided me with constructive feedback.

SA A N D SD NA

4. The GSU supervisor clearly communicated my clinical strengths and weaknesses.

SA A N D SD NA

5. The GSU supervisor arranged visits in a timely and efficient manner.

SA A N D SD NA

6. Number of on-site visits made by the GSU supervisor: _____

SA A N D SD NA

COMMENTS: