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: