

**Governors State University
Educational Administration
Practicum Field Supervisor
Information Form**

Name _____ School District _____

School/District _____ Administrative Position _____

Address _____

School Phone # _____

Teacher Certificate # _____

Type of License _____

Degrees Held _____ Degree Granting Institution _____

Number of years of administrative experience _____ in current position.

Previous educational administrative experience:

Number of time I have served as a practicum supervisor _____

From :

Governors State University _____

Colleges/Universities _____

Number of times I have been assigned as a mentor to an aspiring administrator: _____

Number of times I have served informally as a mentor to an aspiring administrator informally: _____

Other supervisory experience related to aspiring administrators:

List courses, workshops, and training in the areas of mentoring/peer coaching for aspiring administrators (Include GSU seminars and meetings):