

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

GSU PRACTICUM SUPERVISOR
GRADE REVIEW

Please print the following information:

Student Name: _____

GSU Supervisor: _____

Site: _____

Site Supervisor: _____

Please indicate the practicum:

Special Populations _____ Public School _____ Medical Setting _____

Please indicate at what point this grade review is taking place and which practicum in the three practicum sequence the student is participating:

Midterm _____ Final _____ Other _____

First practicum _____ Second practicum _____ Third practicum _____

Based on collaboration with the site supervisor, observations of the student, and/or conversations/interactions with the student; the student's progress is judged as unsatisfactory and consistent with a grade of **C or lower**.

Describe areas of concern [Separate narrative may be attached.]

List Goals &/or Strategies for Improvement

Recommendation(s): ↑ Weekly feedback from GSU and/or Site Supervisor(s)

↑ Refer to GSU Clinical Team

↑ Other _____
Describe

Signature of GSU Supervisor

Date

cc: Student
Site Supervisor
Director of Clinical Education