

Department of Communication Disorders
Southern Connecticut State University

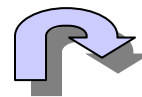
STUDENT FEEDBACK REGARDING CLINICAL SUPERVISION

Supervisor's Name: _____ Semester (circle): fall spring summer
 Year: 20____ Site: _____ Practicum (circle): 560 561 564 568

Please take a minute to comment on the following statements regarding the supervision you received during this semester. Place an X in the box that best reflects your response to each statement. Please complete a separate form for each supervisor with whom you have worked this semester.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My supervisor was available to me in person or through other means					
My supervisor provided feedback concerning my clinical work					
I received guidance from my supervisor to complete written assignments					
My supervisor explained my clinical duties and responsibilities					
My supervisor helped me understand how to select clinical materials, activities and procedures					
My supervisor listened to my opinions and observations, and was receptive to my questions and comments					
My supervisor provided a rationale for his/her clinical suggestions					
My supervisor supported my own self-directed learning efforts					
I was treated with respect during my supervisory interactions					
I feel that I have developed my clinical skills under my supervisor's guidance					

Please answer the following questions on the reverse side of this page



What specific things did your supervisor do that helped you develop as a clinician?

Did your supervisor do anything that you did not consider helpful to your clinical development?

Other comments:

Your current supervisor will not receive this evaluation until next semester.