

STUDENT'S EVALUATION OF SUPERVISOR

Student's Name (optional) _____ # Hours assigned/week _____

Supervisor's Name _____ # Clinic hours obtained _____

Site of Supervision _____ Approximate % time supervised for
diagnostics _____

Number of sessions
supervisor was not on site _____ Number of sessions either assigned
supervisor or designated, certified person
was not on site _____

1=inadequate

2=adequate

3=more than adequate

Note: "clinic" refers to any practicum experience.

1	2	3	
___	___	___	Time spent with student outside of clinic/availability of supervisor
___	___	___	Time spent during clinic
___	___	___	Effectiveness of time outside of clinic
___	___	___	Effectiveness of time spent during clinic
___	___	___	Opportunity for feedback to supervisor
___	___	___	Responsiveness to feedback
___	___	___	Sensitivity to individual differences in students
___	___	___	Continuity between classroom teaching and clinic experience
___	___	___	Sharing information unique to setting/population
___	___	___	Stimulation of independence/professional and intellectual growth

Any responses in columns 1 or 3 must be explained below: (use back if necessary)
