

University Supervisor _____ Semester-Year _____

Latham Clinical Schools Network Survey
 University Supervisor Feedback Survey
 Senior II Semester

To be completed by the Clinical Teacher

The following survey is to provide feedback to the Office of Clinical Experiences and the Latham Clinical Schools Network. Please return this survey in a sealed envelope with the University Supervisor's name on the front. Have your intern deliver this survey, along with his/her surveys, at the final Senior II seminar.

Part I – Please circle Yes, No, or Sometimes (when appropriate)

The university supervisor

- | | | | |
|---|-----|----|-----------|
| A. Conducted an initial visit | Yes | No | |
| B. Maintained an open and cooperative relationship with the intern and clinical teacher | Yes | No | |
| C. Observed a minimum of four (4) times | Yes | No | |
| D. Conferred regularly with the clinical teacher after observations | Yes | No | |
| E. Prepared, completed, and sent progress reports to the clinical teacher | Yes | No | Sometimes |
| F. Worked to create a positive learning experience for the intern and clinical teacher | Yes | No | Sometimes |
| G. Clarified expectations of the clinical teacher in Senior II experience | Yes | No | Sometimes |
| H. Worked with the clinical teacher to reach consensus on grade for Senior II teaching experience | Yes | No | |

Part II – Comments