

University Supervisor _____ Semester-Year _____

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

To be completed by the Senior II Intern

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. Please return this survey at the final Senior II seminar.

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

1. The university supervisor

- | | | | |
|--|-----|----|-----------|
| A. Conducted an initial visit | Yes | No | |
| B. Clarified the university's expectations | Yes | No | |
| C. Observed an minimum of four (4) times | Yes | No | |
| D. Planned with intern on teaching timeline | Yes | No | |
| E. Conducted an orientation meeting prior to the Senior II teaching experience/or within the first 10 days of the Senior II semester | Yes | No | |
| F. Assisted intern in decisions concerning portfolio evidence | Yes | No | Sometimes |
| G. Modeled professionalism in attitude and communication | Yes | No | Sometimes |
| H. Conferred and assisted intern in improving instructional practices, planning, evaluating, and managing the classroom | Yes | No | Sometimes |
| I. Worked with intern to handle any problems that occurred during the Senior II experience | Yes | No | Sometimes |

Part II – Comments

