

Alabama A&M University  
**Speech-Language-Hearing Clinic**

**SUPERVISOR EVALUATION (Off-Campus)**

Supervisor's Name: \_\_\_\_\_ Semester/Year \_\_\_\_\_

This questionnaire has been prepared to give the student clinician an opportunity to provide feedback regarding the supervisory process. Only the student clinician and clerical staff will see this form. The supervisor will receive a typed summary which compiles the results from all raters. Any written comments will also be typed.

Rating Scale:            0 = Not Applicable            3 = Average  
                                 1 = Poor                                4 = Above Average  
                                 2 = Below Average                5 = Outstanding

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|---|---|---|---|---|---|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 1. Supervisor is available to assist extern students.  |
| 0 | 1 | 2 | 3 | 4 | 5 | 2. Supervisor is punctual for scheduled conferences and appointments.  |
| 0 | 1 | 2 | 3 | 4 | 5 | 3. Supervisor is sensitive to extern student's training and clinical background.                                 |
| 0 | 1 | 2 | 3 | 4 | 5 | 4. Supervisor sets reasonable goals for extern student's performance.  |
| 0 | 1 | 2 | 3 | 4 | 5 | 5. Supervisor is willing to answer questions and provide helpful information, references, and handout materials. |
| 0 | 1 | 2 | 3 | 4 | 5 | 6. Supervisor encourages independent thinking, decision making, planning, and research.                          |