

**Evaluation of University Supervisor Form**  
To be completed by the Student Teacher/Practicum Student

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

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**Please help us evaluate the effectiveness of the supervision of students and student teachers to further improve our program:**

1. **Y/N The supervisor was very helpful and supportive.**  
**Please comment:**

2. **Y/N The supervisor's observation and conferencing skills were effective.**  
**Please comment:**

3. **Suggestions for my supervisor are ...**