



Mark as shown: Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction: Please follow the examples shown on the left hand side to help optimize the reading results.

1. Program Overview

- 1.1 Please identify your program:
- | | | |
|-------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Multiple Subject - Full-Time | <input type="checkbox"/> Multiple Subject - Part-Time | <input type="checkbox"/> Multiple Subject - Integrated Credential Program (ICP) |
| <input type="checkbox"/> Middle Level | <input type="checkbox"/> Single Subject - Day | <input type="checkbox"/> Single Subject - Evening |
| <input type="checkbox"/> Concurrent Special Education | <input type="checkbox"/> Special Education - Level I Add-On | |

- 1.2 Please identify your clinical practice experience:
- | | | |
|------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Clinical Practice I | <input type="checkbox"/> Clinical Practice II | <input type="checkbox"/> Special Education- General Ed Placement |
| <input type="checkbox"/> Special Education- Special Ed Placement | | |

- 1.3 Please check all the statements that apply to this clinical practice experience:
- | | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> I will receive credit this semester. | <input type="checkbox"/> I received one statement of concern. | <input type="checkbox"/> I received two statements of concern. |
| <input type="checkbox"/> I received three statements of concern. | <input type="checkbox"/> I expect to repeat this clinical practice experience. | |

- 1.4 How many times did your Supervisor conduct an observation of your teaching in which feedback was provided?
- | | | |
|--------------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> More Than 6 | | |

2. My Supervisor...

To What Degree Do You Agree with Each of the Items Listed Below.
 5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2= Disagree, 1 = Strongly Disagree

- | | 5 | 4 | 3 | 2 | 1 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.1 Used the Teaching Performance Expectations (TPE) to discuss my progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 Acknowledged positive aspects of my teaching. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 Gave me constructive feedback during my clinical practice experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 Provided opportunities for me to discuss my teaching concerns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 Encouraged me to try best practices modeled in course work given the context of the classroom in which I was placed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 Communicated in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 Supervisor showed genuine interest in my learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.8 Played a productive role in my professional development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



3. Further Comments

3.1 Please provide any additional comments.

