EMPORIA STATE UNIVERSITY
Office of Professional Education Services
Assessment of Education/Academic Supervisor
by the Student Teacher

(Fill Out A New Feedback FORM FOR EACH Supervisor)

Supervisor Name: ___________________________ Date: ___________________________

Check Whether: _____Education Supervisor       _____Academic Supervisor

Check Type of Placement (only one):  _____PDS/Elementary  _____Middle School  _____High School  _____K-12

Check Your Department(s):

_____Art
_____Biology
_____Business
_____Communications/Theatre
_____Elementary Ed.
_____English/Journalism/Modern Languages

_____Physical Science
_____Psychology
_____Health/Physical Education
_____Social Studies
_____Mathematics
_____Music

Please apply the following rating scale:


______1. The supervisor met with me when scheduled to do so.

______2. The supervisor explained his/her expectations for student teachers early in the semester.

______3. The supervisor made suggestions on how I should approach teaching responsibilities during the semester.

______4. Conferences held with the supervisor during the semester were beneficial.

______5. The supervisor made specific suggestions when the need for corrections/improvement was cited.

______6. The supervisor shared specific examples of teaching strategies.

______7. The supervisor presented a nurturing supportive attitude.

______8. The supervisor communicated clearly his/her expectations throughout the semester.

______9. The supervisor assisted in resolving problems encountered during the semester.

______10. The supervisor was accessible to me for the entire student teaching period.

COMMENTS: