

CLINICAL EDUCATOR/FACULTY EVALUATION FORM
Department of Communication Sciences and Disorders
College of Nursing and Health Sciences
University of Vermont

Clinical Educator/Faculty's name: _____

This evaluation is for a placement during: *fall / spring / summer* _____
(circle one) year (YYYY)

Site: _____

Please complete a separate form for each clinical educator/faculty with whom you have worked (in diagnostics, treatment cases, and off-campus sites). Your feedback is very important. Specific feedback can assist the clinical educator/faculty in meeting the needs of graduate clinicians and will help to ensure an efficient supervisory process. Please appreciate that this process is taken seriously. Clinical educators/faculty will benefit from knowing what they have done that has been helpful for graduate student clinicians and/or what they can change to make a positive difference in their supervisory skills.

In the space below (use back of page if needed), provide your written narrative feedback on the supervision you have received then respond to the items on page 2. Your anonymity is protected by the following procedures: The graduate clinician brings the form(s) to checkout and places it in the submitted box. In an effort to preserve the graduate students' anonymity further, each student's written feedback will be typed on a separate summary sheet by the Department Administrative Assistant, and the typed summary of all students' comments is given to the supervisor along with a frequency distribution and average for each item on page 2 of the evaluation form. The clinical educator/faculty are NOT given the individual hand written pages of comments or evaluation forms. Since some clinical faculty supervise a limited number of graduate students, the feedback is consolidated into a summary to insure student anonymity.

Your written comments:

- a) The most helpful thing(s) my clinical educator/faculty did this semester....

- b) Some suggestions for my clinical educator/faculty to increase my learning would be...

- c) Please describe anything else you would like to share about your clinical educator/faculty this semester.

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Carefully note the scale below and respond to each item. If an item does not apply, circle N/A.

4	3	2	1	N/A
Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1. Observation has been conducted regularly (at least 25% of tx and 50% of dx) (Knowledge and Skills I)				4 3 2 1 N/A
2. Provided feedback that is descriptive and objective (Knowledge and Skills VI).				4 3 2 1 N/A
3. Technique demonstration was provided if needed or requested. (Knowledge and Skills IV, V)				4 3 2 1 N/A
4. Demonstrated empathy and concern for others as evidenced by behaviors such as active listening, asking questions and facilitating open and honest communication (Knowledge and Skills II, VIII, XI).				4 3 2 1 N/A
5. Verbal and Written feedback was provided in a timely manner (within 4 days of student submittal) (<i>This item does not apply when paperwork was submitted late.</i>) (Knowledge and Skills VI, VII, IX)				4 3 2 1 N/A
6. Conferences were held regularly at the scheduled time, or sufficient notice given if a time change was necessary. (Knowledge and Skills VI).				4 3 2 1 N/A
7. A clear description of expectations and responsibilities was outlined (Knowledge and Skills I)				4 3 2 1 N/A
8. Additional assistance was provided when needed or requested (Knowledge and Skills IV, V)				4 3 2 1 N/A
9. I was offered additional references as sources of information when needed or requested (Knowledge and Skills IV, V).				4 3 2 1 N/A
10. Critical thinking and problem solving were encouraged and facilitated (Knowledge and Skills III, VI)				4 3 2 1 N/A
11. My clinical educator/faculty maintained a supportive relationship that encouraged increased independence as the semester progressed (Knowledge and Skills II)				4 3 2 1 N/A
12. I was encouraged to self-analyze my clinical work and was given some guidance in doing this (Knowledge and Skills III, VII)				4 3 2 1 N/A
13. My clinical educator/faculty offered assistance in my learning requirements for clinical documentation, billing and the client protection of privacy and confidentiality (Knowledge and Skills IX, X)				4 3 2 1 N/A
14. My clinical educator/faculty communicated in a manner that provided support and encouragement (Knowledge and Skills II, XI)				4 3 2 1 N/A
15. My clinical educator/faculty discussed problems or changes needed to improve my clinical skills. (Knowledge and Skills V)				4 3 2 1 N/A
16. My clinical educator/faculty modeled professional and personal behaviors that demonstrated and facilitated learning in how to work effectively within a team (Knowledge and Skills I, X, XI)				4 3 2 1 N/A

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (ASHA, 2008)