

# University of Wisconsin – Whitewater

## Department of Special Education

### COOPERATING Professional's Evaluation of the University Supervisor

*Directions: The purpose of this form is to solicit your comments regarding the quality of university supervision provided for directed teaching and practicum students. Your thoughtful response to these questions will assist us in continuing to provide high-quality supervision and to address weaknesses in the supervision program.*

Name of University Supervisor: \_\_\_\_\_

Year: \_\_\_\_ Semester: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Emphasis: \_\_\_\_ ECE \_\_\_\_ CD \_\_\_\_ EBD/LD \_\_\_\_ Transition \_\_\_\_ Autism  
(Check all that apply)

**Respond to each item using the following scale. Please indicate any comments to support your rating.**

5 = strongly agree      4 = agree      3 = undecided      2 = disagree      1 = strongly disagree

\_\_\_\_\_ The supervisor provided consistent and timely supervision.  
(Please note when responding to this item that supervision includes 4 visits.)

\_\_\_\_\_ The content of the supervisor's feedback fostered the student's professional growth.

\_\_\_\_\_ The supervisor's interactions with the cooperating teacher were professional and demonstrated a constructive interest in the student's progress.

\_\_\_\_\_ If any issues arose, the supervisor was available and supportive in resolving these in a constructive and professional manner.

We invite you to provide any additional comments regarding the supervision on the back of this form. Thank you for your time and continued support of your program!

**Please return this form by: August 17, 2004**  
**Vickie Manke, Program Assistant**  
**Department of Special Education**  
**University of Wisconsin – Whitewater**  
**Whitewater, WI 53190 \_\_\_\_\_**

Cooperating Teacher Review of Supervision

Code: \_\_\_\_\_