



SUPERVISION QUESTIONNAIRE

Date: _____ Supervisor's Name: _____

Please fill in the blank(s) and comment:

Please circle - YES or NO

1. When did the Niagara University supervisor visit your school to conduct an observation? _____
Was the amount of interaction satisfactory? YES NO
Why? Please comment:

2. Was the supervisor available? YES NO
a) Did the supervisor keep appointments? YES NO
b) Did the supervisor return your calls/e-mails? YES NO
Please comment:

3. During the observation, the University Supervisor provided the opportunity for the students to:
a) reflect on their content, professional and pedagogical knowledge, skills, and dispositions? YES NO
b) discuss student teaching within the context of the Niagara University conceptual framework? YES NO
Please comment:

4. Did you feel free to talk to the supervisor about:
a) concerns/issues that related to teaching? YES NO
b) problems encountered? YES NO
Please comment:

5. In general - was the supervision helpful? YES NO
a) was the University Supervisor able to provide constructive feedback regarding the N.Y. State Standards/Ontario Expectations within our conceptual framework? YES NO
Please comment:

GENERAL COMMENTS, SUGGESTIONS (use back for further comments, if necessary) _____

