Externship Supervisor Survey

Please complete the following as thoroughly as possible so that we may assess our program and students in the Department of Communication Disorders. We appreciate your honest feedback.

Date ___________________________

Type of off-campus externship site:
☐ Hospital ☐ Senior High School ☐ Jr. High/Middle School
☐ Long-term Care Facility ☐ Elementary School ☐ Other (please specify) ______
☐ Rehabilitation Center ☐ Preschool

How many externs from Southeast have you supervised in the past year? _________________

How many externs from a program other than Southeast have you supervised in the past year? _________________

Please rate the following regarding the externs from Southeast whom you have supervised in the past year using the scale below.

Rating Key: Excellent = 5  Above Average = 4  Satisfactory = 3  Unsatisfactory = 2  Poor = 1

1. Theoretical knowledge of communication disorders. 5 4 3 2 1
2. Clinical knowledge of communication disorders. 5 4 3 2 1
3. Written communication skills. 5 4 3 2 1
4. Oral communication skills. 5 4 3 2 1
5. Performance in delivery of diagnostic services. 5 4 3 2 1
6. Performance in delivery of therapeutic services. 5 4 3 2 1
7. Time management/organizational skills. 5 4 3 2 1

COMMENTS:

What recommendations regarding academic coursework and/or clinical teaching can you make regarding the Communication Disorders program at Southeast?

Please return completed form to: Jane Edwards, M.A. CCC-SLP
Externship Coordinator