

**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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hospital                | <input type="checkbox"/> Senior High School | <input type="checkbox"/> Jr. High/Middle School       |
| <input type="checkbox"/> Long-term Care Facility | <input type="checkbox"/> Elementary School  | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Rehabilitation Center   | <input type="checkbox"/> 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