Appendix I-SNT 489

On-Campus Supervisor Checklist for SNT 489

On-Campus Supervisor Name________________________
Student Name________________________
Date_________________________________
Contact # ______of 5

1. How many work days have you missed since your last contact? ________________
2. How many work days have you been late since your last contact? _____________
3. Is your placement meeting the goals you described in your Professional Development Plan?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
4. Have you encountered any problems in the workplace since your last contact? _____
   If so, please explain_______________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
5. Are the instructions you receive from your supervisor clear? ________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
6. If you are having problems or have questions, is appropriate help available? _____
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
7. Since your last contact, have you received any feedback (positive or negative) during your placement. ______________. If yes, explain_______________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
8. Other______________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________.