

COOPERATING TEACHER, SITE & SUPERVISOR FEEDBACK FROM MVNU CANDIDATES

Select 1 Option: ☐ Graduate Candidate ☐ Undergraduate Candidate

Select 1 Option: ☐ Field Experience ☐ Student Teaching Experience

Candidate Name: _____ Cooperating Teacher Name: _____

School/School District: _____ University Supervisor: _____

Date of Completion of Form: _____

Please respond to each question. This form is to be sent to Amy Parks (MVNU – Education Department). Information will be reviewed by the Director of Field and Clinical Experiences. Confidentiality will be maintained.

1.) Would you recommend that another MVNU candidate be assigned to this cooperating teacher? Why/Why not?

2.) Would you recommend that another MVNU candidate be assigned to this school? Why/Why not?

3.) How did your supervisor assist you the most? Do you have any suggestions for your supervisor?

**THIS IS A SAMPLE OF THE FEEDBACK SURVEY.
FOR PRIVACY REASONS, FEEDBACK COMMENTS
ARE NOT LISTED HERE. CONTACT THE
DIRECTOR OF FIELD AND CLINICAL
EXPERIENCES FOR MORE INFO (DR. BEVIN
SHIVERDECKER).**