

FORM 7

Supervision/Feedback

Please file out this form for each of your class case presentations

Please complete this form and bring it and your video with you to your class/supervision session(s).

Student Name: _____ Date of Class/Supervision: _____

List 1-2 specific questions, concerns, or skills you want to address during this supervision session.

1.

2.

List 2-3 specific examples of skills you demonstrated well.

Notes:

1. Timestamp: _____

2. Timestamp: _____

3. Timestamp: _____

List 1-2 specific examples of skills or responses you would like to correct or have concerns about.

Notes:

1. Timestamp: _____

2. Timestamp: _____

Faculty Supervisor Notes: