

Professional Experience Feedback Form Student Teacher

The completion of this form would greatly assist the Professional Experience Office to improve the Professional Experience for Student Teachers, Classroom Supervising Teachers and University Supervisors.

Thank you for your participation.

Please return this form to:

The Professional Experience Office
School of Education
The University of Notre Dame Australia
PO Box 944
Broadway NSW 2007

Fax: (02) 9211 2193

Please comment on how well prepared you were for undertaking your Professional Experience and, if required what could be done to improve your preparedness from an organisational perspective.

Please comment on how well received you were by the Classroom Supervising Teacher on this Professional Experience and, if required, what could be done to improve Student Teacher – Classroom Supervising Teacher relationship from an organisational perspective.

Please comment on the value of the supervision provided by the University and, if required, what could have been done to improve the quality of supervision.

Please provide any other general comments, positive or negative, on the whole Professional Experience.

School: _____ Year Level: _____

Name (Optional) _____ Date: _____