

## Confidential Affiliated Faculty Feedback Form

Department of School Psychology

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_Ph.D. \_\_\_\_\_\_Ed.S

Program Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_

This form is to be provided to all non-School Psychology instructors for the classes in which students have been enrolled in the last year. This information as well as your response to the annual review is discussed during the Faculty Review Meeting. Following this meeting, feedback is provided to students through their advisors. The forms are confidential and are not shared with the students. Faculty, could you please complete and return the form to the student’s advisor (indicated above) in the next 14 days. Thank you for your help.

 Needs Meets Above

 Improvement Expectations Expectations

1. Academic Performance 1 2 3

2. Contributions to Class 1 2 3

3. Interpersonal Skills 1 2 3

4. Maturity 1 2 3

5. Initiative 1 2 3

6. Reliability/Dependability 1 2 3

7. Respect for Diversity 1 2 3

8. Oral Communication Skills 1 2 3

9. Written Communication Skills 1 2 3

10. Ethical Behavior 1 2 3

11. Other: 1 2 3

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Professor’s Signature Course Date

cc: \_\_\_ Student File

 \_\_\_ Program Advisor