Cleveland State University
Level II Fieldwork
Weekly Supervision Meeting Form

Student: _____ Week # _____

Clinical Educator: _____ Date: _____

This form should be completed by the student prior to weekly scheduled supervisory meetings with the clinical educator.

1. Area/skills in which I feel confident:

2. Areas/skills in which I feel I need improvement:

3. Methods for improvement:

4. Areas/skills that I feel have shown improvement since last week:

5. Comments on supervision: style, type, meeting needs, etc.

6. Other comments: