

SUPERVISOR ADVANCE SHEET
TO BE COMPLETED BY STUDENT TEACHER
(Give 1 copy to your Site Master Teacher and 1 copy to the CDS&S Department Office)

Name:

Local Address:

Local CityStZip:

Local Phone:

Home Address:

Home CityStZip:

Home Phone:

Dates of Student Teaching/Practicum:

College: SUNY Geneseo, Department of Communicative Disorders and Sciences

College Supervisor:

College Supervisor Phone:

Major/Minor:

Other areas of concentration:

Second Language Skills (include sign language skills):

Describe any volunteer and/or work experience:

Describe any experience you have had working with groups (i.e. babysitting, camp, etc...):

List the diagnostic tools you are familiar with:

List the diagnostic tools you have administered:

Describe the disorders you have had experience with, including the age(s) of the individual(s):

Interests in the field (check all that apply):

Audiology

Fluency

Language Development

ADD/ADHD

Augmentative Communication

Autism

Conduct Disorder

Mentally Retarded

Traumatic Brain Injured

Voice

Phonology/Articulation

Facilitated Communication

Medically Fragile

Hearing Impaired

Multiply Handicapped

Learning Disabled

Emotionally Disturbed

Other _____

Professional Goals:

How is it you best learn?

Personal strengths:

Personal areas of need:

**Do you have any environmental sensitivities (i.e. perfume, smoke, dust, etc.)? _____
Please describe:**

List any hobbies or extra-curricular activities you are involved in:

**Do you require any special needs or require any special accommodations during your
practicum experience? _____ Please describe:**

What do you expect to gain from this experience?

Describe your most successful/challenging therapy session: