

**SFSU Communicative Disorders Program**  
**SFSU Supervisor's Report of Site Visit (CD715, CD881, or CD882)**

Student Teacher/Intern \_\_\_\_\_

Site \_\_\_\_\_

Site Master Clinician/Supervisor \_\_\_\_\_

Date of Site Visit \_\_\_\_\_

[Report should include summary of (a) student teacher/intern's observed clinical strengths and areas for further development (observed by the SFSU Supervisor); (b) student teacher/intern's proposed goals for the remainder of the semester (based on observation and discussion with the student, site supervisor and SFSU supervisor); (c) meeting with site master clinician/supervisor; (d) meeting with student teacher/intern; and (e) status of student teaching/internship, i.e., mid-term or final grade, continue, continue with concerns being addressed; intervention requested. \*A copy of this completed form will be send to the site master clinician/supervisor, student teacher/intern, and CD program director.]

Student Teacher/Intern's Observed Clinical Strengths and Weaknesses \_\_\_\_\_

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Student Teacher/Intern's Proposed Goals for the Remainder of the Semester \_\_\_\_\_

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Meeting with Site Master Clinician/Supervisor \_\_\_\_\_

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Meeting with Student Teacher/Intern \_\_\_\_\_

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Status of Student Teaching/Internship \_\_\_\_\_

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SFSU Faculty Supervisor

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Date