

**SUPPORT PROVIDER EVALUATION DEAF EDUCATION**  
**Department of Communicative Disorders and Deaf Studies**  
**California State University, Fresno**

PARTICIPATING TEACHER \_\_\_\_\_

BTSA SUPPORT PROVIDER \_\_\_\_\_

SCHOOL SITE \_\_\_\_\_

SUPPORT PROVIDER PHONE/EMAIL \_\_\_\_\_

CIRCLE ONE: CDDS 278 CDDS 279                      SEMESTER: \_\_\_\_\_

*Please evaluate the support you received from your Support Provider.*

**Response Legend: 1=Never 2=Rarely 3=Sometimes 4=Frequently 5=Always**

	Never	Rarely	Sometimes	Frequently	Always
My support provider created opportunities for me to express my difficulties and concerns.	1	2	3	4	5
My support provider was helpful and sincere when expressing interest in my professional improvement and growth.	1	2	3	4	5
My support provider made comments that were specific enough to be useful in improving my teaching.	1	2	3	4	5
My support provider based observation comments on evidence from my teaching and classroom environment.	1	2	3	4	5
My support provider provided me with feedback after observations.	1	2	3	4	5
Supervision and feedback from my support provider helped increase the effectiveness of my teaching.	1	2	3	4	5
My support provider worked with me to identify goals and create my induction plan.	1	2	3	4	5
My support provider helped me identify professional development opportunities.	1	2	3	4	5
My support provider helped me identify school and district resources.	1	2	3	4	5
When needed, my support provider used his/her knowledge and experience to provide guidance and assistance (e.g. in effective teaching practices, dealing with challenging situations or students, finding resources, curriculum related issues).	1	2	3	4	5
My support provider was accessible in person, by phone, or by e-mail.	1	2	3	4	5
My support provider's assessment of my teaching was knowledgeable and fair.	1	2	3	4	5