

Supervisor Questionnaire

1. How many pre-registration students have you supervised in the past 2 years?

2. Have all of these students graduated from xxxx University / College?
Yes No (If no please list names of other training institutions)

3. Have you been satisfied with the overall quality of students you have received?

4. Have you experienced any difficulties with any of the pre-registration students you have supervised? If yes please specify.

5. Were there any areas in which you consider the student lacked the necessary knowledge or skill when entering the pre-registration period? If yes, please specify.

6. Were there any areas in which you consider the student was of a higher standard than expected? If yes, please specify.

7. Were you satisfied with the support available to you as a supervisor during the pre-registration period? If no please explain why.

8. Were you satisfied with the level of information you received from the College of Optometrists and / or the University outlining the requirements and responsibilities of being a supervisor? If no, please explain why.

9. Were you satisfied with the level of information and support available to the student during the pre-registration period? If no, please explain why.

10. Were you satisfied with the level of support available to you as the supervisor during the pre-registration placement? If no, please explain why.

11. Please use this space to provide any additional comments