UCAPP 2nd Year Evaluation
Spring 2012

Dear UCAPP Candidate and Assigned Administrator:

This 2nd Year Internship Form for UCAPP is designed for completion by the UCAPP candidate and the assigned administrator. The form should be completed at least one week before the spring semester ends.

Please try to respond to each question. The entire survey should take about 4-8 minutes.

Thank you for your cooperation.

Dr. Casey Cobb; Department of Educational Leadership, Department Head
Dr. Mary E. Yakimowski; Neag School's Director of Assessments
Section 1: Background Information

* Candidate’s Name:
  * First Name
  * Last Name
  Name:

* Assigned Administrator Name:
  * First Name
  * Last Name
  Name:

* Your role:
  Candidate Assigned Administrator

* Semester:
  Fall  Spring

* Cohort:
  Bristol East Hartford Farmington Stamford Southeastern Connecticut

* Setting for Internship:
  Urban Suburban Rural
Internship District: 

1st major goal established for this internship: 

To what level was this goal accomplished?

Met Partially met Not met Not started

2nd major goal established for this internship: 

To what level was this goal accomplished?

Met Partially met Not met Not started

3rd major goal established for this internship: 

To what level was this goal accomplished?

Met Partially met Not met Not started

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Section 2: Standards

UCAPP aligns its courses to state and national standards. Listed below are these standards and their corresponding elements. For each element, please answer the degree to which the candidate met the standard in this internship.

Please respond using a “1 – 4” rating scale, with "1" implies "not at all prepared," and "4" implies "extremely well-prepared." If an element was not addressed in the internship, select “NA.”
Candidates who complete the program are educational leaders who have the knowledge and ability to promote the success of all students by facilitating the development, articulation, implementation, and stewardship of a school or district vision of learning supported by the school community.

Develop a vision
Articulate a vision
Implement a vision
Steward a vision
Promote community involvement in the vision

Candidates who complete the program are educational leaders who have the knowledge and ability to promote a positive school culture, providing an effective instructional program, applying best practice to student learning, and designing comprehensive professional growth plans for staff.

Promote positive school culture
Provide effective instructional program
Apply best practice to student learning

Candidates who complete the program are educational leaders who have the knowledge and ability to promote the success of all students by managing the organization, operations, and resources in a way that promotes a safe, efficient, and effective learning environment.

Manage the organization
Manage
**Section 3: Other Factors**

Please use a “1 – 5” rating scale, with 1 = *Ineffective*, 2 = *Below Average*, 3 = *Adequate*, 4 = *Above Average*, and 5 = *Outstanding*. It is not addressed, select “NA.”

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<th>Category</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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<td>Interaction with colleagues</td>
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<td>Interaction with students</td>
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<td>Interaction with parents</td>
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<td>Interactions with subordinates</td>
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<td>Oral communication skills</td>
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<td>Written communication skills</td>
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<td>Attention to personal growth</td>
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<td>Ability to contribute independently</td>
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<td>Leadership of groups</td>
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<td>Dependability</td>
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Please indicate the rating of each of the following statement using a “1 – 5” rating scale, with 1 = Ineffective, 2 = Below Average, 3 = Adequate, 4 = Above Average, and 5 = Outstanding.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
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<td>Your assigned administrator</td>
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<td>The communication with your assigned administrator</td>
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<td>Your clinical supervisor</td>
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<td>The communication with your clinical supervisor</td>
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<td>Your clinical supervisor’s accessibility to address your questions/concerns regarding this internship</td>
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<td>Your clinical supervisor attended classes with you</td>
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<td>The mandated triad meeting</td>
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<td>Overall, how would you rate the quality of the 1st year internship?</td>
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<td>Overall, how would you rate the quality of the 2nd year internship?</td>
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What do you feel are two of the strengths of this internship?

Please share any ways in which you feel the internship experience can be strengthened or modified for improvement.

What is the one significant thing that you learned during this internship experience?

How did this experience help you be more reflective about your own practice?

If there is something else that you would like to share, please do so.
To submit your response to this evaluation, please select "Finish" below.
Your response has been submitted. Thank you for providing us with this information!