Alliant International University
California School of Education

District Support Provider Evaluation

Please indicate your level of agreement or disagreement with the following statements regarding this term's experience.

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	Not Applicable (6)
The University Mentor reached out to me during the term.	❍	❍	❍	❍	❍	❍
The meeting times were set ahead of time and were meaningful.	❍	❍	❍	❍	❍	❍
The candidate communicated well me during the term.	❍	❍	❍	❍	❍	❍
I understood my role as a District Support Provider with the University.	❍	❍	❍	❍	❍	❍