

Doctoral Program in Clinical Psychology

Student Progress Annual Review Form

v. 7/12/12

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |      | **Date:** |       |
| **Advisor(s):** |       |
| **Concentration:** |       | **Class Year:** |        |

**Program Milestones**

*\*complete only the sections relevant to your current status*

**D-forms completed *(include date of submission to Damaris Oquendo)*:**

**[ ]  date:**       **D-1: Plan of Study and Supervising Professor Appointment**

**[ ]  date:**       **D-3: Dissertation Advisory Committee Appointment**

**[ ]  date:**       **D-3A: Dissertation Proposal**

**[ ]  date:**      **D-3B: Annual Review of Doctoral Candidates**

**[ ]  date:**      **D-4: Ph.D. Final Oral Defense Committee Appointment and Schedule**

**[ ]  date:**      **D-5: Report of Ph.D. Final Oral Defense Committee**

**[ ]  date:**      **Thesis Approval Form**

**[ ]  date:**      **Completion Form**

**M.S.**

|  |  |
| --- | --- |
| **Topic/Title:** |       |
| **Committee Members:****(min 3; 1 external)** | **Chair**:       |
| **Internal (dept) Members**:       |
| **External Members**:       |
| **Date of Proposal:** |       | **Date of Defense:** |       |
| **Current Status****(if not completed):** |       |

**Comprehensive Exam:**

**Date of Comprehensive Exam**:      **Passed**?

 **- If no, what section(s) was retaken?**       **Date of full passing:**

**Ph.D.**

|  |  |
| --- | --- |
| **Topic/Title:** |       |
| **Committee Members:(min 5; 1-2 external)** | **Chair**:       |
| **Internal Members**:       |
| **External Members:** |
| **Date of Proposal Meeting:** |       -Deadline: Oct 1st of 4th year (year applying for internship) |
| **Date of Defense:** |        |
| **Current Status****(if not completed):** |       |

**Course Requirements**

[ ]  Core Course Requirements Met

[ ]  Concentration Course Requirements Met

[ ]  Advanced Elective Requirements Met

**Practicum Requirements (Seminar + 1600 hours fieldwork)**

|  |  |
| --- | --- |
| Practicum Seminar:  | [ ]  1600 hours fieldwork (document hours below) |
| 1st year: Total Hours:       Status:  | 4th year. Total Hours:       Status:  |
| 2nd year. Total Hours:       Status:  | 5th year. Total Hours:       Status:  |
| 3rd year. Total Hours:       Status:  | 6th year. Total Hours:       Status:  |

**Internship**

Applied this year? Matched? Program:

*Evaluation of* **Program Milestones** (*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Curriculum of the Doctoral Psychology & Law-Psychology Program**

Current GPA:       Total Drexel Credit Hours to Date:

List any course(s) for which you have received a grade of C or lower:

*\* Check* ***COMPLETED*** *for all completed courses for which you have received full credit.*

*\* Check* ***WILL TAKE*** *for all courses you plan on taking next year.*

*\* Check* ***EXEMPT*** *if you have received credit for a course by being granted an exemption by the DCT and your* ***exemption is documented in your official departmental file****. You must provide an explanation* *for every class for which you have indicated an exemption (in designated space provided at the end of the “curriculum” section).*

*\* Enter total number of credits (# of credits for each course is provided in parentheses).*

*\* Check off box if you have completed the requirements for that category.*

***Foundations of Psychology***

**History and Systems (3 credits)** Completed Will Take Exempt

*Required*

PSY 712 - History and Systems of Psychology (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Developmental Psychology (3 credits)**

*Required*

PSY 516 - Developmental Psychology (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Foundations of Psychological Evaluation/Measurement (12 credits)**

*Required*

PSY 514 - Learning Foundations of Behavioral Assessment (3) [ ]  [ ]  [ ]

PSY 515 - Behavioral Assessment II (3) [ ]  [ ]  [ ]

PSY 522 - Psychological & Intellectual Assessment (3) [ ]  [ ]  [ ]

PSY 620 - Personality Assessment (3) [ ]  [ ]  [ ]

*Electives*

PSY 542 - Neuropsychological Assessment (3) [ ]  [ ]  [ ]

PSY 642 - Neuropsychological Case Analysis/Integration I (3) [ ]  [ ]  [ ]

PSY 648 - Forensic Psychology/Forensic Assessment I (3) [ ]  [ ]  [ ]

PSY 649 - Forensic Assessment II (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Statistics/Research Methods (19 credits)**

*Required*

PSY 510 - Research Methods in Psychology I (3) [ ]  [ ]  [ ]

PSY 610 - Data Analysis in Psychology I (3) [ ]  [ ]  [ ]

PSY 710 - Data Analysis in Psychology II (3) [ ]  [ ]  [ ]

PSY 711 - Data Analysis in Psychology III (3) [ ]  [ ]  [ ]

PSY 898 - Thesis in Psychology (3) [ ]  [ ]  [ ]

PSY 998 - Dissertation in Psychology (4) [ ]  [ ]  [ ]

*Elective*

PSY 511 - Research Methods in Psychology II (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Biological Bases of Behavior (6 credits)** Completed Will Take Exempt

*Required*

PSY 530 - Principles of Neuroscience (3) [ ]  [ ]  [ ]

PSY 630 - Psychopharmacology (3) [ ]  [ ]  [ ]

*Electives*

PSY 540 - Principles of Neuropsychology (3) [ ]  [ ]  [ ]

PSY 812 - Cognitive Neuroscience (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Cognitive/Affective Bases of Behavior (3 credits)**

*Required*

PSY 512 - Cognitive Psychology (3) [ ]  [ ]  [ ]

*Electives*

PSY 612 - Psych. of Human-Computer Interface Design (3) [ ]  [ ]  [ ]

PSY 614 - Problem Solving & Creativity (3) [ ]  [ ]  [ ]

PSY 840 - Models of Memory (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Social Bases of Behavior (6 credits)**

*Required*

PSY 517 - Social Cognition in Clinical Psychology (3) [ ]  [ ]  [ ]

PSY 550 - Multicultural Perspectives (3) [ ]  [ ]  [ ]

PSY 552 - Proseminar in Diversity (2) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

***Clinical and Professional Training***

**General Foundations of Practice (12 credits)**

*Required*

PSY 514 - Learning Foundations of Behavioral Assessment I(3) [ ]  [ ]  [ ]

PSY 520 - Psychopathology (3) [ ]  [ ]  [ ]

PSY 524 - Professional Issues and Ethics (3) [ ]  [ ]  [ ]

PSY 560 - Teaching in Psychology (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Foundations of Intervention (21 credits)** Completed Will Take Exempt

*Required*

PSY 515 - Behavioral Assessment II (3) [ ]  [ ]  [ ]

PSY 721 - Principles of Psychotherapy (3) [ ]  [ ]  [ ]

PSY 722 - Psychotherapy Theories (3) [ ]  [ ]  [ ]

PSY 897 - Clinical Psychology Practicum Seminar (3) [ ]  [ ]  [ ]

PSY 899 - Practicum Fieldwork (2) [ ]  [ ]  [ ]  PSY 909 - Internship (4) [ ]  [ ]  [ ]

*Electives (at least 1 must be chosen)*

PSY 648 - Forensic Psychology/Forensic Assessment I (3) [ ]  [ ]  [ ]

PSY 720 - Health Psychology (3) [ ]  [ ]  [ ]

PSY 820 - Cognitive Behavior Therapy (3) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Villanova Law and Psychology (15 credits) – *JD/PhD students only***

*Required*

LAW 793 - Mental Health Law (3) [ ]  [ ]  [ ]

PSY 734 - Social Science Applications to the Law (3) [ ]  [ ]  [ ]

PSY - Advanced Problems in Mental Health Law (3) [ ]  [ ]  [ ]

*Electives (at least 2 must be chosen)*

LAW 7119 - Bioethics and the Law (3) [ ]  [ ]  [ ]

LAW 6025 - Bioethics – Selected Topics (3) [ ]  [ ]  [ ]

LAW 7109 - Law, Science, and Advocacy (3) [ ]  [ ]  [ ]

LAW 7040 - Law and Medicine (3) [ ]  [ ]  [ ]

**Drexel Law and Psychology (6 semester credits; 9 quarter credits) – *JD/PhD students only***

*Required*

LAW 793 - Mental Health Law (2 semester; 3 quarter) [ ]  [ ]  [ ]

LAW - Behavioral Sciences &the Law (2s; 3q) [ ]  [ ]  [ ]

LAW 810 - Advanced Problems in Mental Health Law (2s;3q) [ ]  [ ]  [ ]

**[ ]  Check if completed requirements Total credits:**

**Advanced Professional Training (24 credits) – *Please mark below, even if checked above. Concentration electives are counted toward the 24 advanced professional training credits.***

*Electives* Completed Will Take Exempt

PSY 517 - Social Cognition (3) [ ]  [ ]  [ ]

PSY 540 - Principles of Neuropsychology (3) [ ]  [ ]  [ ]

PSY 542 - Neuropsychological Assessment (3) [ ]  [ ]  [ ]

PSY 552 - Proseminar in Diversity (3) [ ]  [ ]  [ ]

PSY 612 - Psych of Human-Comp Interface Design (3) [ ]  [ ]  [ ]

PSY 614 - Problem Solving & Creativity (3) [ ]  [ ]  [ ]

PSY 642 - Neuropsych Case Analysis/Integration I (3) [ ]  [ ]  [ ]

PSY 648 - Forensic Psych/Forensic Assessment I (3) [ ]  [ ]  [ ]

PSY 649 - Forensic Assessment II (3) [ ]  [ ]  [ ]

PSY 650 - Childhood Psychopathology and its Tx [ ]  [ ]  [ ]

LAW 793 - Mental Health Law (3) [ ]  [ ]  [ ]

PSY 734 - Social Science Applications to the Law (3) [ ]  [ ]  [ ]

PSY 746 - Neuropsych Eval & Int: Child & Adol (3) [ ]  [ ]  [ ]

PSY 750 - Autistic Spectrum Disorders (3)† [ ]  [ ]  [ ]

PSY 812 - Cognitive Neuroscience (3)† [ ]  [ ]  [ ]

PSY 720 - Health Psychology (3) [ ]  [ ]  [ ]

PSY 811 - HLM & LDA (3) [ ]  [ ]  [ ]

PSY 815 - Evidence-Based Assessment and Psychotherapy (3) [ ]  [ ]  [ ]

PSY 820 - Cognitive Behavior Therapy (3) [ ]  [ ]  [ ]

PSY 821 - Family Therapy (3) [ ]  [ ]  [ ]

PSY 822 - Pediatric Psychology (3) [ ]  [ ]  [ ]

PSY 823 - Substance Abuse (3) [ ]  [ ]  [ ]

PSY 828 - Eating and its Disorders (3) [ ]  [ ]  [ ]

PSY 825 - Mind/Body Studies Seminar (3)† [ ]  [ ]  [ ]

PSY 826 - Social Problem Solving & Psychopath (3)† [ ]  [ ]  [ ]

PSY 827 - Behavioral Stress Management (3) [ ]  [ ]  [ ]

PSY 830 - Special Topics in Health Psychology [ ]  [ ]  [ ]

PSY 840 - Advanced CBT (3) [ ]  [ ]  [ ]

PSY 854 - Psychology of Rehabilitation (3) [ ]  [ ]  [ ]

PSY 865 - Medically Unexplained Illnesses (3) [ ]  [ ]  [ ]

PSY 865 - Models of Memory (3) [ ]  [ ]  [ ]

TBD - Advanced Problems in Mental Health Law (3) [ ]  [ ]  [ ]

TBD - Developmental Disabilities [ ]  [ ]  [ ]

PSY 865 - Independent Study/Special Topics (3)\*\*

List PSY 865 course titles:       [ ]  [ ]  [ ]

       [ ]  [ ]  [ ]

**†** Indicates *unscheduled electives*

\*\*Special topics courses may serve as concentration-specific electives. This is done at the discretion of the concentration head coordinator in consultation with the DCT and Department Head.

**[ ]  Check if completed requirements Total credits:**

**Concentration Requirements**

***Cognitive Behavior Therapy*** Completed Will Take Exempt

One CBT practicum (800 hours) [ ]  [ ]  [ ]

A CBT-focused thesis [ ]  [ ]  [ ]

A CBT-focused dissertation [ ]  [ ]  [ ]

PSY 820 – Cognitive Behavior Therapy (3) [ ]  [ ]  [ ]

PSY 865 – Advanced CBT (3) [ ]  [ ]  [ ]

PSY 827 – Behavioral Stress Management (3) [ ]  [ ]  [ ]

At least 2 CBT electives (6) (**Choose from**: 650, 720, 821, 823, 828, 825, 826)

 List PSY course titles:       [ ]  [ ]  [ ]

       [ ]  [ ]  [ ]

       [ ]  [ ]  [ ]

***Forensic Psychology***

One forensic psychology practicum (800 hours) [ ]  [ ]  [ ]

A forensic psychology focused thesis [ ]  [ ]  [ ]

A forensic psychology focused dissertation [ ]  [ ]  [ ]

Two years of research in an area related to forensic psychology [ ]  [ ]  [ ]

PSY 648 - Forensic Psychology/Forensic Assessment I (3) [ ]  [ ]  [ ]

PSY 649 - Forensic Assessment II (3) [ ]  [ ]  [ ]

LAW 793 - Mental Health Law (3) [ ]  [ ]  [ ]

At least 2 forensic psych electives (6) (**Choose from**: 516, 540, 542, 650, 734, 746, 823)

 List PSY course titles:       [ ]  [ ]  [ ]

       [ ]  [ ]  [ ]

***Health Psychology***

One health psychology practicum (800 hours) [ ]  [ ]  [ ]

A health psychology focused thesis [ ]  [ ]  [ ]

A health psychology focused dissertation [ ]  [ ]  [ ]

PSY 720 - Health Psychology (3) [ ]  [ ]  [ ]

PSY 827 - Behavioral Stress Management (3) [ ]  [ ]  [ ]

At least 3 health psych electives (9) (**Choose from**: 812, 822, 823, 828, 825, 830, 854, 865)

 List PSY course titles:        [ ]  [ ]  [ ]

        [ ]  [ ]  [ ]

        [ ]  [ ]  [ ] ***Neuropsychology***

One neuropsychology psychology practicum (800 hours) [ ]  [ ]  [ ]

A neuropsychology focused thesis [ ]  [ ]  [ ]

A neuropsychology focused dissertation [ ]  [ ]  [ ]

PSY 530 - Principles of Neuroscience (3) [ ]  [ ]  [ ]

PSY 540 - Principles of Neuropsychology (3) [ ]  [ ]  [ ]

PSY 542 - Neuropsychological Assessment (3) [ ]  [ ]  [ ]

PSY 642 - Neuropsychological Case Analysis/Integration I (3) [ ]  [ ]  [ ]

At least 2 neuropsych electives (6) (**Choose from**: 746, 812, 840, 845, 854)

 List PSY course titles:       [ ]  [ ]  [ ]

       [ ]  [ ]  [ ]

**Please list all courses for which you have indicated an exemption, and the reason for each exemption given.**

*Evaluation of* **Curriculum** (*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Clinical Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form:  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
|        |        |       |       |       /       |
| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
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| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
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| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
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| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
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| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |
| **Acad Year** | **Site Name** | **Type of Setting** | **Hrs/ Wk** | **Hours (clinical/total)** |
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| *Name and Degree of Primary Supervisor* |        |
| *Type of services provided* |        |
| *Type of clients served* |        |
| [ ]  Formal practicum | Overall evaluation (from supervisor evaluation form):  | [ ]  Evaluation reviewed w/ mentor |

[ ]  **1600 hours fieldwork Date completed Practicum Seminar** (PSY 897):

**External Employment of a Psychological Nature**

Site:      Supervisor:      No. of hours per week:

Give a brief description of the type of work you do:

Approved by Mentor [ ]  Approved by DCT [ ]

**External Employment of a Non-Psychological Nature**

No. of hours per week spent in work of a non-psychological nature:

(4 X Number of credit hours) + Work hours = (4 x      ) +       =       [must be < 60]

**Internship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Applied? | Matched? |  |  |
| 4th  | [ ]  | [ ]  |  | Name of internship site student will be attending: [ ]  *APA-accredited* Start-end dates*:* |
| 5th | [ ]  | [ ]  |  |
|       | [ ]  | [ ]  |  |

*Evaluation of* **Clinical Experience** (*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Research Projects & Experience**

|  |  |
| --- | --- |
| **Acad. Year** |  **Project Title/Description** |
|        |       |
| ***Setting*** |  | ***Supervisor*** |  |
| **Acad. Year** |  **Project Title/Description** |
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| ***Setting*** |  | ***Supervisor*** |  |
| **Acad. Year** |  **Project Title/Description** |
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| ***Setting*** |  | ***Supervisor*** |  |
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| ***Setting*** |  | ***Supervisor*** |  |

**Research Presentations and Publications**

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| **Academic Year** | **Number of senior authored conference presentations** | **Number of junior authored conference presentations** | **Number of abstracts, papers, and other journal publications** |
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| **Cumulative Total:** |        |        |        |

*Evaluation of* **Research Projects and Experience**(*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Teaching Experience**

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| --- |
| **Teaching Assistantships (TA)** |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Term/Year** | **Course No. and Title** | **Supervisor** |
|       |       |       |
| ***Activities*** |       |
| **Teaching (independently taught)** |
| **Term/Year** | **Course No. and Title** | **Comments regarding student evaluations** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Additional Lectures** |
| **Term/Year** | **Topic** | **Reason for lecture** |
|       |       |       |
|       |       |       |
|       |       |       |

*Evaluation of* **Teaching Experience** (*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Professional Development** *(this year)*

List professional societies for which you are a student member:

List conferences/symposia/workshops/and department colloquia you have attended this year:

List professional/program related service you may have contributed this year (e.g. student rep on committees, task force, conf. volunteer):

**Awards and Honors**

|  |  |  |
| --- | --- | --- |
| **Date(s):** | **Award** | **Comments** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

*Evaluation of* **Professional Development** (*to be completed by your advisor/s*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Summary of Overall Progress Towards Degree** (*to be completed by your advisor(s)*)

**Comments:**

**[ ]** Exemplary, you have exceeded expectations

**[ ]** Satisfactory, you have met expectations

**[ ]** Unsatisfactory, you are below expectations

**Goals for Next Academic Year:**

**Courses/Degree:**

**Clinical Training:**

**Research Experience:**

**Teaching Experience:**

**Professional Development:**

**Discussion of Dissertation Plan**

For students who have completed their 3rd year (or the equivalent thereof for JD/PhD students): Please discuss a specific plan for timely completion of the dissertation proposal. Normally, work on the proposal should begin by the spring of year 3, with substantial work occurring over the summer following the 3rd program year, and with the goal of defending the proposal in the late summer or early fall. Please also specifically review the following paragraph from the handbook: "***Please note that the department’s internal deadline for successfully defending the proposal of the dissertation is October 1st. Permission to apply for internship will not be granted if this deadline is not met.*** *Because of summer schedules and the crush of meetings at this time of year,* ***be sure to schedule the proposal meeting far in advance***."

[ ]  I have discussed a specific dissertation proposal plan (including timeline) with the student.

[ ]  The student has not yet completed the 3rd year.

**Additional Information of Note**

List any other information of note which the graduate training committee should consider in conducting your yearly evaluation, e.g., awards, commendations, illness, etc.:

\*Please collect the appropriate signature(s) below and attach updated copies of your ***C.V***. and an ***unofficial transcript***. Then, submit everything to Damaris Oquendo by July 31st.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Advisor Signature Date

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Advisor Signature (*if applicable*) Date

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCT Signature Date

**PhD PROGRAM in CLINICAL PSYCHOLOGY**

**Mentor Feedback Form**

Student Name:       Program Year:

Faculty Mentor/Advisor:

**1 (a). Frequency of individual meetings (*approximately, on average*):**

[ ]  <1/qtr [ ]  Every other month [ ]  1/month [ ]  2/month [ ]  1/wk [ ]  >1/wk

**1 (b). Fit with your learning style (*in connection with above*):**

***Meetings are:*** [ ]  Not often enough [ ]  About right [ ]  Too often

**2 (a). Extent to which mentor aids with revision of manuscripts (*for publication, thesis, dissertation, etc):***

[ ]  Not at all [ ]  Somewhat [ ]  A great deal

**2 (b). Fit with your learning style (*in connection with above*):**

[ ]  Not enough involvement [ ]  About right [ ]  Too much involvement

**3 (a). Rate at which mentor returns manuscript feedback (*on average*)*:***

[ ]  >1 month [ ]  <1 month [ ]  within 2 weeks [ ]  within 1 week [ ]  < 1 wk

**3 (b). Fit with your pace (*in connection with above*):**

[ ]  Slows me down [ ]  About right [ ]  Puts too much pressure on me

**4 (a). Extent to which mentor facilitates publication and presentation at national conferences:**

[ ]  Not at all [ ]  Somewhat [ ]  A great deal

**4 (b). Fit with your professional goals and learning style (*in connection with above*):**

[ ]  Not enough involvement [ ]  About right [ ]  Too much involvement

**5 (a). Extent to which mentor advises you with regard to your professional goals:**

[ ]  Not at all [ ]  Somewhat [ ]  A great deal

**5 (b). Fit with your needs (*in connection with above*):**

[ ]  Not enough involvement [ ]  About right [ ]  Too much involvement

**6. Ways your mentor could further assist you in meeting your program and professional goals:**

***I have discussed these opinions with my mentor:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature Date