

ANNUAL REPORT FEEDBACK FORM
Ph.D. PROGRAM
(revised October 2011)

Student Name: _____

Year in Program: _____

Your annual report has been reviewed by a member of the clinical faculty. This form is intended to provide students with basic feedback regarding whether or not they appear to be on track in meeting program expectations. However, it is the responsibility of each student to ensure that they are on track with the program requirements and to be familiar with the expectations outlined in the Clinical Program Manual. Please consult with the clinical faculty if you have any questions.

Within two weeks of receiving this feedback form, students whose progress is below/behind expected progress in any of the categories below must provide a written plan indicating when they will address their outstanding requirements. The plan must include dates and the hard copy should be submitted to the Director of Clinical Training. In 6 months' time, such students must also submit a brief report on their progress in addressing the outstanding requirements.

- 1) Course Work: expected or appropriate progress for year
 progress is below/behind what is expected for program year

- 2) Dissertation: expected or appropriate progress for year
 progress is below/behind what is expected for program year

- 3) Practicum: expected or appropriate progress for year
 progress is below/behind what is expected for program year

- 4) Clinical Comprehensive Exam: expected or appropriate progress for year
 progress is below/behind what is expected for program year

- 5) Science Comprehensive Exam: expected or appropriate progress for year
 progress is below/behind what is expected for program year

- 6) Internship: expected or appropriate progress for year
 progress is below/behind what is expected for program year

Please note that the professional suitability of all students is reviewed during the annual report review process. The clinical faculty will contact individuals if any significant concerns are noted.

Additional Comments (if any):

Clinical Faculty Member signature

Director of Clinical Training signature