Student Guidance Meeting Progress Report/Self Study

(Revised April 2023)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_ Year of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coursework**  **Semester Grade Instructor**

607: Stats I

608: Stats II

609: Multivariate Stats

604: Research Methods

611: History & Systems

617: Developmental

624: Psychopathology

654: Assessment

751: Adult Treatments

778: Child/Family Treatments

Clinical Elective

513: Bio Bases of Behavior (Bio-distribution)

639: Cognitive Processes (Cog-distribution)

680: Adv Social Psychology (Soc-distribution)

671: Intervention 1

672: Intervention 2

763: Intervention 3

764: Intervention 4

765: Intervention 5

799: Advanced Practicum (Taken twice)

605: Introduction to Professional Issues (Fall 2014 cohort and beyond)

**2nd Year Project** Advisor Reader Proposal Defense Date Approval Date

**3rd Year Project** Advisor Reader Approval Date

**3rd Year Clinical Case Presentation** Date Defended

**Dissertation Proposal** Chair C. member C. member O. Member Date Approved

**Change of status:** Any information relevant to a change in your status in the program (e.g., an outstanding achievement, removal of incompletes, a completed prelim, removal of or impending probationary status, leaves of absence, other?)

**Publications** (list all publications on your CV - oldest first - and highlight the articles or chapters added since your last progress report)

 Published

 Submitted

 In preparation

**Presentations** (list all posters, papers, colloquia on your CV - oldest first- and highlight those added since last progress report)

 Presented

 Accepted

 Submitted

**Are you a member of a professional organization or society related to psychology?**

 **\_\_\_\_ Yes**

 **\_\_\_\_ No**

**Were you involved in teaching (e.g., serving as a TA or course instructor) since your last progress report?**

 **\_\_\_\_ Yes**

 **\_\_\_\_ No**

**Other activities:** Please describe any professional activities or achievements that are not indicated above (e.g., additional research, teaching, training, consulting).

**Plans:** Please describe your academic and research plans for the next semester. Be sure to include any information that would help clarify your status in the program.

**Clinical Hours**:

Please list the hours that you have as a target goal by the time you apply to internship:

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

Please list the hours that you have as a target goal for the academic year.

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

List the total number of approved clinical hours you have accumulated in (1) since you began the training program and (2) since your last progress report. List these hours in three categories: Direct Service, Supervision, and Support Activities.

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

**Total hours since the start of the training program:**

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

\_\_\_\_\_\_Supervision

\_\_\_\_\_\_Support Activitiesb

**Total since the last progress report:**

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

\_\_\_\_\_\_Supervision

\_\_\_\_\_\_Support Activitiesb

**Assessments since last progress report:**

Total # completed assessments this semester: \_\_\_\_\_\_\_

Types of assessments (ADHD, LD, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # assessments in progress: \_\_\_\_\_\_\_\_\_\_\_

**To the student:** If you have accumulated clinical hours in a core faculty member’s laboratory that is not part of an advanced practicum and you intend these hours to be certified by the DCT for your APPIC application for internship, then please record the hours below, and have the faculty member sign to verify the hours. If you have accumulated hours working with more than one faculty member, prepare a separate section for each laboratory experience and have each supervising faculty member sign to verify the hours.

To the faculty member: This student has received the following clinical hours in my laboratory since the last progress report:

\_\_\_\_\_\_Direct Service-interventiona

\_\_\_\_\_\_Direct Service-assessmenta

\_\_\_\_\_\_Supervision

\_\_\_\_\_\_Support Activitiesb

Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

aFor direct service, count each hour of a group, family, or couples session as one hour.

For example, a two-hour group session with 12 adults is counted as two hours.

bExperiences involving gathering information about the client / patient, but not in the actual presence of the client / patient, should be considered “support activities.” Examples of “support activities” include time spent on chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, time spent planning interventions, assessment interpretation, report writing, etc. In addition, it includes hours spent at a practicum setting in didactic training (e.g. grand rounds, seminars).

Student Signature: Date:

Advisor Signature: Date:

**Evaluation of Student's Research Performance**

(Revised February 2023)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to be completed each semester as part of the student progress report/student guidance meeting. If a milestone also occurred this semester and informed these ratings, please

circle below:

**Second Year Prelim Third Year Prelim Dissertation Dissertation**

 **Proposal**

Instructions: Rate items using to the following scale

1 Needs work

2 Good (at the developmentally expected level of performance)

3 Exceptional

N/O No opportunity to observe / not applicable

RESEARCH SKILLS

1. \_\_\_\_ Demonstrates the substantially independent ability to formulate research or other

 scholarly activities that are of sufficient quality and rigor to have the potential to

 contribute to the scientific, psychological, or professional knowledge base.

2. \_\_\_\_ Engages in research or other scholarly activities that are consistent with their

 developmental level.

3. \_\_\_\_ Demonstrates ability to critically evaluate research literature.

4. \_\_\_\_ Appropriately interprets the findings of their project and understands the strengths and limitations of their research project.

5. \_\_\_\_ Shows competence in principles of measurement, design, and analysis of data.

6. \_\_\_\_ If applicable, disseminates research via professional publication and presentation at the local, regional, or national level.

ETHICAL AND PROFESSIONAL BEHAVIOR

1. \_\_\_\_ Demonstrates knowledge of and adherence to ethical standards (i.e., APA Ethical

 Principles of Psychologists and Code of Conduct) and professional guidelines for

 research.

2. \_\_\_\_ Demonstrates developmentally-appropriate ability to work independently.

3. \_\_\_\_ Demonstrates carefulness in work (e.g., attention to detail).

4. \_\_\_\_ Behaves in ways that reflect the values and attitudes of psychology (e.g., integrity, accountability, lifelong learning, concern for the welfare of others, etc.).

PROFESSIONAL VALUES AND COMMUNICATION SKILLS

1. \_\_\_ Demonstrates ability to present and defend research ideas in professional manner.

2. \_\_\_ Produces and comprehends oral, nonverbal, and written communications that are informative and professional.

RESEARCH SUPERVISION

1. \_\_\_\_ Shows openness and responsiveness to research feedback.

2. \_\_\_\_ Incorporates feedback into research projects.

RESEARCH ADMINSTRATION (For Mentors Only)

1. \_\_\_\_ Completes research tasks and writing in timely manner.

2. \_\_\_\_ Demonstrates quality and accuracy of written communications.

Please comment on your perceptions of the student's major strengths and weaknesses (including any items rated as “1”).

Signature of Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the student: If desired, please comment on your mentor or committee member’s perceptions of your research strengths and weaknesses.

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_