

CCP Program Annual Student Activity Report (May 1 – April 30)

(Attach a copy of your CV)

Student's Full Name: _____ Academic Year: _____

Area of Interest (child, adult, neuro, etc.): _____ Primary Program Mentor: _____

Year in Program: _____ Date Degree Expected: _____

GENERAL REQUIREMENTS

Courses Completed & Grade Received	Summer	Fall	Spring	Total Courses	Credit Hours
1.					
2.					
3.					
4.					
5.					

Coursework Planned for the next 12 Months (other than thesis or dissertation):

Courses Planned	Summer	Fall	Spring	Total Courses	Credit Hours
1.					
2.					
3.					
4.					
5.					

Awards Received or Other Accomplishments (report only those that have been received over the past 12 Months):

Date of Event	Description of Accomplishment (be brief)

RESEARCH ACTIVITIES

Date of Event	Progress on Thesis or Dissertation Research (report only those that have been received over the past 12 Months):

Date of Event	Publications (indicate if submitted, accepted, or published over the past 12 months)

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Date of Event	Conference Presentation (indicate if submitted, accepted, or published over the past 12 months)
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Date of Event	Other Work In Progress (Title, Supervisor, Work Done)
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Date of Event	Research Assistantships in past 12 months (include a copy of supervisor's evaluation)
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CLINICAL ACTIVITIES	
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Date of Event	Practicum placements & supervisors in the past 12 months (Attach copy of placement evaluation):
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Date of Event	Clinical Assistantships in past 12 months (include copy of supervisor's evaluation):
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Date of Event	Other Clinical Activities and Supervisors:
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Date of Event	Therapy and Assessment Hours:
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TEACHING ACTIVITIES:	
Courses taught in the past 12 month	
Date of Event	Student Feedback (Include numerical evaluations if available)
Date of Event	Teaching Assistantships in past 12 months (include a copy of supervisor's evaluation)
SERVICE ACTIVITIES (For example: committees, GSO offices held, volunteer efforts, etc.)	
GOALS FOR THE COMING YEAR (include time table):	
Research:	
Clinical:	
Teaching:	

Service:

INITIAL CAREER OBJECTIVES (e.g., postdoctoral fellowship, private practice, hospital, academia)

STUDENT COMMENTS REGARDING PROGRESS IN PAST 12 MONTHS:

(Provide your own self-evaluation of your performance in research, clinical, teaching, & service areas. Are there any specific areas of concern that you would like to discuss with your mentor during your meeting?)

Student's Signature _____ **Date:** _____

Mentor's Signature _____ **Date:** _____