

Annual Meeting Report Form for Clinical Students

Student _____ Date of Meeting _____

Year in Program _____ Faculty Advisor _____

Committee Members _____

Discussion of remaining clinical core courses and plans to complete _____

Suggestions for clinical electives _____

APA Foundation Areas remaining and plans to satisfy them _____

Other required courses remaining and plans to take them _____

Is student in progress? _____ If no, state reasons and plans to reacquire good standing

Research productivity rating _____ If less than satisfactory, state reasons and plans to remediate _____

Current clinical case-load _____ Has student had an external supervisor or been at a practicum site? _____

Student's comments on external supervisor or practicum experience _____

Additional clinical training interests and needs _____

Diversity/Multicultural Training: How will competence be demonstrated? _____

Teaching requirement fulfilled? _____ How? _____. If not completed yet, how does the student plan to complete it?

Is student planning to apply for internship next year? _____ If yes, were requirements and process discussed? _____

Student's career plans _____

Was there discussion of how best to prepare for career plan? _____

Student's Strengths _____

Areas Requiring Attention (e.g., professional behavior, time management) _____

Student's concerns, comments, and requests _____

Describe any specific contingencies placed on student _____

Student's Goals for Next Year:

(1) Research: _____

(2) Clinical: _____

(3) Other: _____

Other comments _____

Student's Signature

Faculty Advisor

Director of Clinical Training

Date

(revised 4/08)