

PhD Annual Review Form (Form A1)

1. To be completed by the student and supervisor (use a separate form for co-supervisors). **Please append an updated CV, unofficial transcript, and other required documentation. Deadline for submission is August 31st.**
2. The student will submit this form electronically to the Program Coordinator (and cc: clinical-psych@utsc.utoronto.ca).
3. The student will submit a final signed copy back to the Graduate Office after receiving feedback on their annual performance from the Student Evaluation Committee and their Supervisor(s). Either hard or soft copy will be accepted.

Student Full Name:		Student Number:	
Supervisor:		Co-Supervisor (if applicable):	
Degree Start Date:		Area of Research:	
Doctoral Supervisory Committee Members (Full Names):			

PROGRAM MILESTONES – Complete only those relevant to your current status

Year 1	<input type="checkbox"/>	Doctoral Supervisory Committee (Form D1)	Dec 1
	<input type="checkbox"/>	Doctoral Dissertation Proposal (Form D2) <input type="checkbox"/> <i>Proposal Reformulation</i>	July 1 <i>Reformulation Date: _____</i>
Year 2	<input type="checkbox"/>	Comprehensive Exam – Grant Application Submission <input type="checkbox"/> <i>1st Resubmission</i> <input type="checkbox"/> <i>2nd Resubmission</i>	Oct 1 <i>Resubmission Deadline: _____</i> <i>Resubmission Deadline: _____</i>
	<input type="checkbox"/>	Comprehensive Exam – Clinical Competency <input type="checkbox"/> <i>Reexamination</i>	Nov <i>Reexamination Date: _____</i>
	<input type="checkbox"/>	Readiness for Pre-Doctoral Internship (Form D4)	Sept 1 of Year Prior to Application Year
Years 3/4 and beyond	<input type="checkbox"/>	Readiness for Pre-Doctoral Internship (Form D4)	Sept 1 of Application Year
	<input type="checkbox"/>	Dissertation Plan of Study (FORM D5)	Sept 1 of Application Year
	<input type="checkbox"/>	Completed Thesis & Final Oral Examination Recommendation (Form D3)	No later than end of Year 5

- Plan to apply for pre-doctoral internship next year (must complete Form D4)
- Candidacy achieved (all program requirements complete excluding dissertation research and clinical internship). Candidacy should be achieved no later than the end of Year 3.
- If completed, indicate date of successfully defended Final Oral Examination: _____
mm/dd/yyyy

ANTICIPATED TIMELINE FOR COMPLETION OF DISSERTATION

Milestone:	Completion Date - mm/dd/yyyy (if a proposed completion date, please enclose in brackets) or "N/A" if not applicable to your research (e.g., prospective versus archival study)
Doctoral Dissertation Proposal:	
Doctoral Dissertation Reformulation (if applicable):	
Research Ethics Approval(s):	
Participant Recruitment:	
Data Entry:	
Data Analysis:	
Draft of Thesis to Supervisor(s):	
Submission of Thesis to Committee Members:	
Final Oral Examination:	
Revised Thesis Submitted for Approval by Supervisor(s) and/or Committee:	
School of Graduate Studies: Electronic Thesis & Dissertation Submission Checklist:	
GD-PCS Electronic Thesis Submission:	
List Dates of all Doctoral Supervisory Committee Meetings that occurred in this academic year (mm/dd/yyyy):	

PhD CURRICULUM & ADDITIONAL PROGRAM REQUIREMENTS

Current GPA:			
List any course(s) for which you have received a grade of B- or lower:			
Required Coursework:	Completed	Will Take	Exempt*
CPS1103H Statistical Techniques II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS1201H Neurobiological Bases of Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS1301H Cognitive-Affective Bases of Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS1401H Social and Interpersonal Bases of Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS1501H Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS1809H Clinical Psychopharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS3801H Multi-Person Therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS3901H The Historical and Scientific Foundations of Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS2901H Clinical Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS2902H Consultation and Program Development and Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GD-PCS Elective Courses:	Completed	Will Take	Exempt*
CPS5001H Directed Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS5002H Directed Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
GD-PCS Invited Diversity Speaker Series (Required)	List all years attended:		
Additional courses completed (specify):			

Total course credits completed to date: _____

Required Practica:	Completed	Will Take	Exempt*
CPS3999H Clinical Placement I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS4999H Clinical Placement II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional Practica:	Completed	Will Take	Exempt*
CPS6999H Clinical Placement III:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS7999H Clinical Placement IV:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Doctoral Internship	Completed	Will Take	
CPS5999Y Internship			
<input type="checkbox"/> CPA/APA-Accredited	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Non-Accredited			

* Check EXEMPT if you have received credit for a course by being granted an exemption by the Vice-Dean Students, School of Graduate Studies and your exemption is documented in your official departmental file.

PROFESSIONAL TRAINING: PRACTICUM PLACEMENTS

Academic Year:		Site Name:		Type of Setting:	
Name and Degree of Primary Supervisor:					
Direct Hours:		Supervision Hours:		TOTAL HOURS:	
<i>Type of services provided:</i>					
<i>Type of clients served:</i>					
Formal practicum:		<input type="checkbox"/> _____ Course Code			
End-of-Term Evaluation:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

Academic Year:		Site Name:		Type of Setting:	
Name and Degree of Primary Supervisor:					
Direct Hours:		Supervision Hours:		TOTAL HOURS:	
<i>Type of services provided:</i>					
<i>Type of clients served:</i>					
Formal practicum:		<input type="checkbox"/> _____ Course Code			
End-of-Term Evaluation:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

Academic Year:		Site Name:		Type of Setting:	
Name and Degree of Primary Supervisor:					
Direct Hours:		Supervision Hours:		TOTAL HOURS:	
<i>Type of services provided:</i>					
<i>Type of clients served:</i>					
Formal practicum:		<input type="checkbox"/> _____ Course Code			
End-of-Term Evaluation:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

RESEARCH PROJECTS AND EXPERIENCE

Academic Year:		Project Title/Description:	
Setting:		Supervisor(s):	
Academic Year:		Project Title/Description:	
Setting:		Supervisor(s):	
Academic Year:		Project Title/Description:	
Setting:		Supervisor(s):	
Academic Year:		Project Title/Description:	
Setting:		Supervisor(s):	
Academic Year:		Project Title/Description:	
Setting:		Supervisor(s):	

RESEARCH PRESENTATIONS AND PUBLICATIONS

Academic Year	No. of conferences presented as 1st author	No. of conferences presented as co-author	No. of abstracts, papers, and other journal publications
CUMULATIVE TOTAL:			

TEACHING EXPERIENCE – TEACHING ASSISTANTSHIPS

Term/Year:	Course No. and Title:	Instructor:
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Activities:

Term/Year:	Course No. and Title:	Instructor:
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Activities:

Term/Year:	Course No. and Title:	Instructor:
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Activities:

Term/Year:	Course No. and Title:	Instructor:
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Activities:

Term/Year:	Course No. and Title:	Instructor:
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Activities:

Term/Year:	Course No. and Title:	Instructor:
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Activities:

AWARDS AND HONOURS

Date(s):	Award:	Comments (i.e., Award Value):

PROFESSIONAL DEVELOPMENT (*current 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):

Date of Completion of TCPS Ethics tutorial: _____
mm/dd/yyyy

Are you participating in the Graduate Professional Skills Program? Yes No

If yes, please list the GPS course offering you have taken:

INTERPERSONAL COMPETENCE AND PROFESSIONAL BEHAVIOUR

As trainers of future clinical scientists, faculty must be mindful of identifying and addressing any psychological, interpersonal and/or ethical considerations that may interfere with a student's professional development and functioning. Supervisors are asked to reflect on a range of competency areas of the student including interpersonal and professional competence, ethical and professional behaviour, the appropriateness of professional relationships that are established and maintained, ability to self-reflect, insight, openness to feedback in the supervision process, and problem solving proficiency (in the context of professional functioning).

- Satisfactory, student has met expectations
- Unsatisfactory, student is below expectations
-

Comments:

OTHER ACTIVITIES

List any other clinical settings you participated in (i.e., "Grand Rounds"):

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List all other internal/external activities you have engaged in this year that have not already been captured in this form (i.e., Research Assistantships, Employment, Volunteer opportunities etc.):

Activity & Organization:	Duties:	Total Hours:	Remuneration (if applicable):

GOALS FOR NEXT ACADEMIC YEAR

Courses/Degree:	
Research Experience:	
Awards Applications:	
Papers in Preparation:	
Teaching Experience:	
Professional Development:	
Additional Information of Note:	

REMEDIATION

The *GD-PCS Policies and Procedures on Remediation* outlines the domains that may affect student competence at the PhD level. Difficulties in any of these domains must be addressed by the supervisor(s) and other relevant parties. If applicable, please indicate each area of concern with its corresponding status in the table below.

	Requires Remediation	Remediation Currently in Place	Remediation Completed w/Satisfactory Result	Remediation Completed w/Unsatisfactory Result
Inadequate Research Performance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Examination: Failed Oral Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Examination: Failed Grant Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate Clinical Skills**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Practicum Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Difficulties & Other Professional Competence***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important Note:

When a need for remediation has been identified, the supervisor(s) and other appropriate faculty, must provide a remediation plan to address the issue(s). The remediation plan should be structured according to the *GD-PCS Policies and Procedures on Remediation*, and must accompany the submission of this form.

In situations where a remediation plan is already in place and/or completed, please append the remediation plan, along with any relevant supporting documentation, to the submission of this form.

*Refers to deficiencies in conceptualizing and designing, executing, analyzing, presenting, and writing-related to research, that does not result in a failure of a thesis or examination but is sufficiently concerning (e.g., understanding the theoretical underpinning of their work, data entry errors, communicating their work orally, formulating their work into a written form, and implementing supervisor(s)/committee feedback into their work).

Failure of the Final Doctoral Examination (and/or termination of registration in a program) is appealed through the SGS Graduate Academic Appeals Board (GAAB) where a solution, including remediation, is determined through that process.

**Refers to deficiencies in any area of clinical practice, which are not sufficient to result in a failed practicum placement but reflect a consistent pattern of difficulties (e.g., consistent low ratings in the same clinical subdomain) or of a sufficient degree to still warrant remediation. This domain also applies when there is difficulty with the applied work in their coursework, though not sufficient for a failure in the course (e.g., difficulties in implementing assessments and interventions, case formulations, and written and oral communication in a clinical context).

***Refers to any psychological, interpersonal and ethical considerations that interfere with a student's professional development and role functioning. Students are expected to maintain appropriate professional relationships, have an ability to self-reflect, have insight, be open to feedback in the supervision process, and demonstrate problem solving proficiency (in the context of professional functioning).

SUMMARY OF STUDENT ANNUAL PROGRESS

The supervisory committee and the student are expected to have familiarized themselves with the [School of Graduate Studies Guidelines for Graduate Supervision](#). The items below have been adopted from the [Checklist for Supervisors and Students](#). Please provide a summary below taking these items into account:

- With guidance from the committee, the student has formulated an appropriate research project
- The student has the knowledge and skills to undertake the desired research program in the expected time to completion
- The student is equipped to meet all aspects of the doctoral program including coursework, clinical work, comprehensive examinations, and thesis requirements
- Student was responsive to constructive feedback provided by the committee
- Frequency and content of supervisory meetings were commensurate with student performance; turnaround time for questions/drafts was reasonable
- Student received sufficient support when applying for scholarships and awards
- Issues authorship and intellectual property are discussed openly and in accordance with [SGS Guidelines](#)

Summary of student annual progress and recommendations – completed by the supervisor(s):

Rating:

- Satisfactory, student has met expectations
- Unsatisfactory, student is below expectations

Student response to supervisor's evaluation and recommendations:

Required Signatures At Time of Submission

Student Name:	Student Signature:	Date (mm/dd/yyyy):
Supervisor Name:	Supervisor Signature:	Date (mm/dd/yyyy):
Co-Supervisor Name:	Co-Supervisor Signature:	Date (mm/dd/yyyy):

Please submit a soft copy to the Program Coordinator (cc: clinical-psych@utsc.utoronto.ca)

Student Evaluation Committee – completed by the Program Coordinator

Committee's Assessment of the Student's overall performance this year:

- Satisfactory, student has met expectations
 Unsatisfactory, student is below expectations

This form was reviewed by the Student Evaluation Committee on: _____

Committee Feedback:

Program Coordinator Name:	Program Coordinator Signature:	Date (mm/dd/yyyy):
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Final Student Signature

Student acknowledges feedback of their annual performance by the Student Evaluation Committee, and from their Supervisor(s), post-Student Evaluation Committee meeting.

Signature

Date