Readiness for Pre-Doctoral Internship (Form D4)

1. To be completed by the student and submitted to the Graduate Chair/DCT c/o the Graduate Office within the appropriate timelines.
2. The Graduate Chair/DCT will return the form (complete with their recommendation), and the student and/or their supervisor will complete their response on the same form.
3. If the student accepts the Graduate Chair/DCT’s recommendation, they will submit the form to the Department (accompanied with signatures).
4. If the student does not accept the Graduate Chair/DCT’s recommendation, the student and/or their supervisor may present their case for review at a Program Committee meeting.

Student Full Name: _______________________________________________________________________

Student Number: _________________________________________ Current Year of Study: _____________

Supervisor: _____________________________________________________________________________

Co-supervisor (if applicable): _______________________________________________________________________

Anticipated date of internship application (mm/yyyy): ____________________

A single copy of this form will need to be submitted twice. The first deadline (or “Initial Assessment”) is September 1st of the year prior to applying for internship. The second deadline (or “Final Assessment”) is September 1st of the application year, to reflect any updates/revisions to the initial assessment.

For most students, this timeline will correspond to Years 2 and 3. The completed form should be submitted to the Graduate Assistant (SW427G) who will then arrange for a meeting with the Graduate Chair/DCT when necessary.

Below is a listing of criteria that the Graduate Chair/DCT (with or without the consultation of other GD-PCS faculty members) will review when assessing and recommending readiness to apply for internship.
<table>
<thead>
<tr>
<th>Completed by Student</th>
<th>Completed (mm/dd/yyyy)</th>
<th>In Progress</th>
<th>Expected Date of Completion (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All required PhD coursework</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Comprehensive Examination (both clinical and research components)</td>
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<tr>
<td>All required clinical practica (CPS3999H and CPS4999H)</td>
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<td></td>
<td></td>
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<tr>
<td>Accrued 300 direct client hours</td>
<td></td>
<td></td>
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<tr>
<td>Current hours at Initial Assessment: _________</td>
<td>Updated hours at Final Assessment: _________</td>
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<tr>
<td>Accrued 150 supervision hours (75% individual hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current hours at Initial Assessment: _________</td>
<td>Updated hours at Final Assessment: _________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up-to-date student file including completion of Forms D1, D2, and A1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Dissertation data collection*</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Important Note Regarding Dissertation Progress: At the time of internship application, doctoral dissertation data collection must be started (at minimum). If dissertation data are not entirely collected by the time the student signals their readiness for internship, a completed Dissertation Plan of Study Form D5 must accompany the second submission of this form.
INITIAL ASSESSMENT (to proceed) – completed by Graduate Chair/DCT

Date of Initial Assessment (mm/dd/yyyy): ______________

☐ Ready to proceed with internship application on (mm/yyyy): __________
☐ Not currently ready to proceed but on track
☐ Not currently ready to proceed and not on track. Arrange meeting with Graduate Chair/DCT.

Comments and Recommendations from Graduate Chair/DCT:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student and/or (co-)supervisor response to recommendations:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Would like to discuss results of the recommendation at a Program Committee meeting (please circle):
YES     NO

________________________________________  ________________________________
Student Signature      Date

________________________________________  ________________________________
Supervisor Signature      Date

________________________________________  ________________________________
Co-supervisor Signature (if applicable)       Date

________________________________________  ________________________________
Graduate Chair/DCT Signature     Date
## FINAL ASSESSMENT (to proceed) – completed by Graduate Chair/DCT

<table>
<thead>
<tr>
<th>Date of Final Assessment (mm/dd/yyyy): ______________</th>
</tr>
</thead>
</table>

- [ ] Ready to proceed with internship application on (mm/yyyy): __________
- [ ] Approved Dissertation Plan of Study (Form D5) *(if applicable)*
- [ ] Not ready to proceed with internship application. Arrange meeting with Graduate Chair/DCT.

### Comments and Recommendations from Graduate Chair/DCT:

- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________

**Student and/or (co-)supervisor response to recommendations:**

- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________

Would like to discuss results of the recommendation at a Program Committee meeting (please circle):

- [ ] YES  
- [ ] NO  

**Student Signature** __________________________  **Date** __________________________

**Supervisor Signature** __________________________  **Date** __________________________

**(Co-)Supervisor Signature (if applicable)** __________________________  **Date** __________________________

**Graduate Chair/DCT Signature** __________________________  **Date** __________________________