UNIVERSITY OF LOUISVILLE

Clinical Psychology Doctoral Program

Yearly Student Activity Report

	INSTRUCTIONS			
1	Attach CV and highlight requested information			
2	Complete form, print, and sign			
3	Meet with mentor to review yearly activities and goals			
4	Have mentor sign report			
5	Email a copy of your annotated hours to Maggie (template attached)			
6	Turn in to Maggie's mailbox (LS 317) by: < <late april="">></late>			

STUDENT NAME	
MENTOR	
ACADEMIC YEAR	
YEAR IN PROGRAM	
DATE DEGREE EXPECTED	

COURSE REQUIREMENTS | Courses taken July 1st to present, including grade (*if known*):

SUMMER – YEAR 1			FALL – YEAR 1			SPRING – YEAR 1			
COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
SUMMER – YEAR 2			FALL – YEAR 2			SPRING – YEAR 2			
COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
SUMMER – YEAR 3			FALL – YEAR 3			SPRING – YEAR 3		I	
COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
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SUMMER – YEAR 4 COURSE	# HRS	GRADE	FALL – YEAR 4 COURSE	# HRS	GRADE	SPRING – YEAR 4 COURSE	# HRS	GRADE	
COOKSE	#1113	GIADE	COOKSE	#1110	GIADE	COURSE	#111.5	GIADE	
SUMMER – YEAR 5			FALL – YEAR 5			SPRING – YEAR 5			
COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
			FALL – YEAR 6			SPRING – YEAR 6			
SUMMER – YEAR 6		1						CDADE	
SUMMER – YEAR 6 COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	
	# HRS	GRADE	COURSE	# HRS	GRADE	COURSE	# HRS	GRADE	

Total Masters Hours (PSYC 603) taken to date (maximum of 6hrs)	
Total Dissertation Hours (PSYC 701) taken to date	
Total Independent Study Hours (PSYC 604/605) taken to date	

RESEARCH ACTIVITIES

Progress of Portfolio or Dissertation Research	

Number of books, book chapters, or articles in peer reviewed professional/scientific journals that you were an author or co-author * in press, under review, or submitted should NOT be counted * please add citations on page 9 of activity report		
Number of workshops, oral presentations, or poster presentations at professional meetings you were an author or co-author		
Are you involved in leadership roles or activities in professional organizations (e.g. roles in local, state, regional, or national organizations)?	YES	NO
Have you presented a psychological topic to a lay or community audience?	YES	NO
Have you submitted/received any grants? * if yes, please list: authors, title of grant, name of funding source, amount requested, and if grant was approved/money awarded (provide citation and highlight on CV)	YES	NO

Other Works			
* include title a	nd supervisor		
PROFESSIONAL	MEMRER	SHIPS	
I NOI ESSIONAL	IAILIAIDLI	31111 3	
		VEC NO.	
Are you a member of APA	,	YES NO	
Are you a member of any divisions of	APA?	V-50	
* if yes, please list below		YES	NO
3, 1			
Are you a member of any other psycho			
association (and any divisions within t	hem)?	YES	NO
* if yes, please list below			
Are you a member of any other profess	ional or		
research societies/organizations		YES	NO
* if yes, please list below			
	ATI : ::-:-:	_	
CLINICAL A	CTIVITIES	5	
<u></u>			
TEAM (Fall)			
TEAM (Spring)			
I EAIN (Shiilig)			
External Placement Site	Evto	rnal Discoment C	uporvisor(s)
External Placement Site	Exte	rnal Placement S	upervisor(s)

APPIC HOURS TO DA	ATE
Intervention Hours	
Assessment Hours	
Supervision Hours	
Support Hours	
# of Integrative Reports (Adult)	
# of Integrative Reports (Children)	

TEACHING ACTIVITIES

COURSES TAUGHT	

ASSISTANTSHIPS			
ASSIGNMENT/COURSE	PROFESSOR(s)		

CULTURAL COMPETENCY

ACTIVITIES	

SERVICE ACTIVITIES

Please list all activities with the department, university, community, etc. (applicant interviews, SGA offices held, volunteer efforts).	

GOALS FOR THE COMING YEAR

* include timetable

RESEARCH
CLINICAL
TEACHING
CULTURAL COMPETENCY
SERVICE

CURRENT CAREER OBJECTIVES

* e.g., post doc, hospital, academic, etc.

POST INTERNSHIP OBJECTIVES
POST INTERNSHIP OBJECTIVES
LONG TERM CAREER OBJECTIVES

STUDENT COMMENTS ON PROGRESS

Provide your own self-evaluation of your performance in the academic, research, clinical, teaching, and service areas. Reflect on your accomplishments. What should we praise you for? What are your plans for the coming year? Are there any specific areas or concerns that you would like to discuss with your mentor or DCT? Are there ways the program can better support your career development?						
	STUDENT SIGNATURE		DATE			
	MENTOR SIGNATURE		DATE			
	DCT SIGNATURE		DATE			

PUBLICATION CITATIONS (JULY 1 ST TO PRESENT) * in press, under review, or submitted should NOT be counted	